Procedure Code	Procedure Code Description	Rate
700	CULDOCENTESIS	\$0.00
	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL	
70010	SUPERVISION AND INTERPRETATION	\$48.00
	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL	
70015	SUPERVISION AND INTERPRETATION	\$48.00
	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN	
70030	BODY	\$14.24
701	INCISION OF VAGINA AND CUL-DE-SAC	\$0.00
	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN	
70100	FOUR VIEWS	\$16.92
7011	HYMENOTOMY	\$0.00
	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM	
70110	OF FOUR VIEWS	\$21.05
7012	CULDOTOMY	\$0.00
	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE	
70120	VIEWS PER SIDE	\$18.99
7013	LYSIS OF INTRALUMINAL ADHESIONS OF VAGINA	\$0.00
	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM	-
70130	OF THREE VIEWS PER SIDE	\$24.00
	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI,	·
70134	COMPLETE	\$24.00
7014	OTHER VAGINOTOMY	\$0.00
	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE	*
70140	VIEWS	\$15.60
	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE,	
70150	MINIMUM OF THREE VIEWS	\$15.60
	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE,	ψισισσ
70160	MINIMUM OF THREE VIEWS	\$15.60
	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL	<u> </u>
70170	SUPERVISION AND INTERPRETATION	\$24.00
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$19.81
702	DIAGNOSTIC PROCEDURES ON VAGINA AND CUL-DE-SAC	\$0.00
	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF	+ + + + + + + + + + + + + + + + + + +
70200	FOUR VIEWS	\$24.00
7021	VAGINOSCOPY	\$0.00
	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN	*************************************
70210	THREE VIEWS	\$18.58
7022	CULDOSCOPY	\$0.00
	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE,	*************************************
70220	MINIMUM OF THREE VIEWS	\$24.00
7023	BIOPSY OF CUL-DE-SAC	\$0.00
7024	VAGINAL BIOPSY	\$0.00
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$16.00
	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS,	ψ.3.00
70250	WITH OR WITHOUT STEREO	\$20.64
. 0200	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF	Ψ=0.0 !
70260	FOUR VIEWS, WITH OR WITHOUT STEREO	\$29.52
, 0200	OTHER DIAGNOSTIC PROCEDURES ON VAGINA AND CUL-DE-	Ψ20.02
7029	SAC	\$0.00
1023	LOCAL EXCISION OR DESTRUCTION OF VAGINA AND CUL-DE-	ψυ.υυ
703	SAC	\$0.00
100	UNU	φυ.υυ

Procedure Code	Procedure Code Description	Rate
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$10.40
7031	HYMENECTOMY	\$0.00
	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION,	
70310	LESS THAN FULL MOUTH	\$13.83
7032	EXCISION OR DESTRUCTION OF LESION OF CUL-DE-SAC	\$0.00
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$21.60
	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT,	
70328	OPEN AND CLOSED MOUTH; UNILATERAL	\$16.31
7033	EXCISION OR DESTRUCTION OF LESION OF VAGINA	\$0.00
	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT,	
70330	OPEN AND CLOSED MOUTH; BILATERAL	\$21.60
	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL	
70332	SUPERVISION AND INTERPRETATION	\$48.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	·
70336	TEMPOROMANDIBULAR JOINT	\$300.00
70350	CEPHALOGRAM, ORTHODONTIC	\$13.00
70355	ORTHOPANTOGRAM	\$18.37
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$16.00
		ψ.σ.σσ
	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING	
70370	FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	\$24.00
70070	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY	ΨΣ4.00
70371	CINE OR VIDEO RECORDING	\$60.00
70371	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION	φου.σο
70373	AND INTERPRETATION	\$48.00
70373	AND INTERLIBETATION	φ 4 6.00
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$18.00
70300	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	φ10.00
70390	INTERPRETATION	\$54.00
70390	OBLITERATION AND TOTAL EXCISION OF VAGINA	\$0.00
704	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN;	φυ.υυ
70450	WITHOUT CONTRAST MATERIAL	0100 E0
70450		\$126.52
70400	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH	0455.04
70460	CONTRAST MATERIAL(S)	\$155.21
	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN;	
70.470	WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	# 4.00.00
70470	MATERIAL(S) AND	\$162.00
	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR	
70.400	POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR;	* * * * * * * * * * * * * * * * * * *
70480	WITHOUT CONTRA	\$138.00
	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR	
- 0.40.	POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH	* * * * * * * * * * * * * * * * * * *
70481	CONTRAST	\$162.00
	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR	
	POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR;	
70482	WITHOUT CONTRA	\$162.00
	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA;	
70486	WITHOUT CONTRAST MATERIAL	\$135.60
	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA;	
70487	WITH CONTRAST MATERIAL(S)	\$160.17

Procedure Code	Procedure Code Description	Rate
	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA;	
	WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	
70488	MATERIAL(S)	\$162.00
	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK;	
70490	WITHOUT CONTRAST MATERIAL	\$138.00
	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK;	
70491	WITH CONTRAST MATERIAL(S)	\$162.00
	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK;	
	WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST	
70492	MATERIAL(S) AN	\$195.25
	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT	
	CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST	
70496	MATERIAL(S) AND	\$206.40
	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT	
	CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST	
70498	MATERIAL(S) AND FUR	\$206.40
7050	REPAIR OF CYSTOCELE AND RECTOCELE	\$0.00
7051	REPAIR OF CYSTOCELE	\$0.00
7052	REPAIR OF RECTOCELE	\$0.00
	REPAIR OF CYSTOCELE AND RECTOCELE WITH GRAFT OR	
7053	PROSTHESIS	\$0.00
7054	REPAIR OF CYSTOCELE WITH GRAFT OR PROSTHESIS	\$0.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE,	
70540	AND NECK	\$300.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE,	
70542	AND NECK WITH CONTRAST MATERIAL(S)	\$317.03
	MAGNETIC RESONANCE INAMGING, ORBIT, FACE AND NECK	
70540	WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	ΦΕΩΩ Ω7
70543	MATERIAL(S)	\$569.87
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT	Ф074 00
70544	CONTRAST MATERIAL(S)	\$274.92
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH	074.00
70545	CONTRAST MATERIAL(S)	\$274.92
	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT	
70546	CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	\$521.16
70040	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT	φυζ1.10
70547	CONTRAST MATERIAL(S)	\$274.92
70047	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITH	ΨΔ14.3Δ
70548	CONTRAST MATERIAL(S)	\$274.92
7 00-10	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT	ΨΕΙ Τ.υΕ
	CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST	
70549	MATERIAL(S) AND FURTH	\$521.16
7055	REPAIR OF RECTOCELE WITH GRAFT OR PROSTHESIS	\$0.00
. 555	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN	Ψ0.00
70551	(INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	\$300.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN	+
70552	(INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	\$339.53
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN	4000.00
	(INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL,	
70553	FOLLOWED BY	\$450.00
		Ţ .00.00

MAGNETIC RESONANCE IMAGING, BRAÍN FUNCATIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE \$340.97	Procedure Code	Procedure Code Description	Rate
MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIR MAGNETIC RESONANCE IMAGING, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED TOG			
MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF SOUTH PROCEDURE; WITHOUT CONTRAST MATERIAL PROCEDURE; WITHOUT CONTRAST MATERIAL \$0.00			
MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIR	70554	REPETITIVE	\$340.97
MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL \$0.00		MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI;	•
MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL \$0.00		REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF	
MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL \$0.00	70555	ENTIR	\$0.01
MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL \$0.00		MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL	
MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL \$0.00	70557	PROCEDURE; WITHOUT CONTRAST MATERIAL	\$0.00
MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED \$0.00		MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL	
70559	70558	PROCEDURE; WITH CONTRAST MATERIAL	\$0.00
70559			
706		MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL	
7061 VAGINAL CONSTRUCTION \$0.00 7062 VAGINAL RECONSTRUCTION \$0.00 7063 VAGINAL CONSTRUCTION WITH GRAFT OR PROSTHESIS \$0.00 7064 VAGINAL RECONSTRUCTION WITH GRAFT OR PROSTHESIS \$0.00 707 OTHER REPAIR OF VAGINA \$0.00 7071 SUTURE OF LACERATION OF VAGINA \$0.00 7071 SEPAIR OF COLOVAGINAL FISTULA \$0.00 7072 REPAIR OF COLOVAGINAL FISTULA \$0.00 7073 REPAIR OF RECTOVAGINAL FISTULA \$0.00 7074 REPAIR OF OTHER VAGINOENTERIC FISTULA \$0.00 7075 REPAIR OF OTHER PISTULA OF VAGINA \$0.00 7076 HYMENORRHAPHY \$0.00 7077 VAGINAL SUSPENSION AND FIXATION \$0.00 7077 VAGINAL SUSPENSION AND FIXATION \$0.00 7078 PROSTHESIS \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 7091 OTHER OPERATIONS ON VAGINA \$0.00 7092 OTHER OPERATIONS ON VAGINA<	70559	PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED	\$0.00
7062 VAGINAL RECONSTRUCTION \$0.00 7063 VAGINAL CONSTRUCTION WITH GRAFT OR PROSTHESIS \$0.00 7064 VAGINAL RECONSTRUCTION WITH GRAFT OR PROSTHESIS \$0.00 707 OTHER REPAIR OF VAGINA \$0.00 7071 SUTURE OF LACERATION OF VAGINA \$0.00 7072 REPAIR OF COLOVAGINAL FISTULA \$0.00 7073 REPAIR OF OTHER VAGINOENTERIC FISTULA \$0.00 7074 REPAIR OF OTHER VAGINOENTERIC FISTULA \$0.00 7075 REPAIR OF OTHER FISTULA OF VAGINA \$0.00 7076 HYMENORRHAPPHY \$0.00 7077 VAGINAL SUSPENSION AND FIXATION \$0.00 7078 PROSTHESIS \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 7078 PROSTHESIS \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 7079 OTHER PAPAR OF VAGINA \$0.00 7091 OTHER OPERATION OF VAGINAL VAULT \$0.00 7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON CUL-DE-SAC </td <td>706</td> <td>VAGINAL CONSTRUCTION AND RECONSTRUCTION</td> <td>\$0.00</td>	706	VAGINAL CONSTRUCTION AND RECONSTRUCTION	\$0.00
7063 VAGINAL CONSTRUCTION WITH GRAFT OR PROSTHESIS \$0.00 7064 VAGINAL RECONSTRUCTION WITH GRAFT OR PROSTHESIS \$0.00 707 OTHER REPAIR OF VAGINA \$0.00 7071 SUTURE OF LACERATION OF VAGINA \$0.00 7072 REPAIR OF COLOVAGINAL FISTULA \$0.00 7073 REPAIR OF COLOVAGINAL FISTULA \$0.00 7074 REPAIR OF OTHER VAGINOENTERIC FISTULA \$0.00 7075 REPAIR OF OTHER VAGINOENTERIC FISTULA \$0.00 7076 HYMENORRHAPHY \$0.00 7077 VAGINAL SUSPENSION AND FIXATION \$0.00 7078 PROSTHESIS \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 709 OTHER PEPAIR OF VAGINA \$0.00 709 OTHER OPERATIONS ON VAGINA \$0.00 7091 OTHER OPERATIONS ON VAGINA \$0.00 7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7092 OTHER OPERATIONS ON	7061	VAGINAL CONSTRUCTION	\$0.00
7064 VAGINAL RECONSTRUCTION WITH GRAFT OR PROSTHESIS \$0.00 707 OTHER REPAIR OF VAGINA \$0.00 7071 SUTURE OF LACERATION OF VAGINA \$0.00 7072 REPAIR OF COLOVAGINAL FISTULA \$0.00 7073 REPAIR OF OTHER VAGINOENTERIC FISTULA \$0.00 7074 REPAIR OF OTHER VAGINOENTERIC FISTULA \$0.00 7075 REPAIR OF OTHER FISTULA OF VAGINA \$0.00 7076 HYMENORRHAPHY \$0.00 7077 VAGINAL SUSPENSION AND FIXATION \$0.00 7078 PROSTHESIS \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 709 OTHER OPERATION OF VAGINA VAULT \$0.00 709 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7093 PROSTHESIS \$0.00 7094 INSERTION OF	7062	VAGINAL RECONSTRUCTION	\$0.00
707 OTHER REPAIR OF VAGINA \$0.00 7071 SUTURE OF LACERATION OF VAGINA \$0.00 7072 REPAIR OF COLOVAGINAL FISTULA \$0.00 7073 REPAIR OF RECTOVAGINAL FISTULA \$0.00 7074 REPAIR OF OTHER VAGINOENTERIC FISTULA \$0.00 7075 REPAIR OF OTHER FISTULA OF VAGINA \$0.00 7076 HYMENORRHAPHY \$0.00 7077 VAGINAL SUSPENSION AND FIXATION \$0.00 7078 PROSTHESIS \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 709 OTHER OPERATIONS ON VAGINA \$0.00 709 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7093 PROSTHESIS \$0.00 7094 INSERTION OF BIOLOGICAL GRAFT \$0.00 7093 INSERTION OF BIOLOGICAL GRAFT \$0.00 7094 INSERTION OF BIOLOGICAL GRAFT	7063	VAGINAL CONSTRUCTION WITH GRAFT OR PROSTHESIS	\$0.00
7071 SUTURE OF LACERATION OF VAGINA \$0.00 7072 REPAIR OF COLOVAGINAL FISTULA \$0.00 7073 REPAIR OF COLOVAGINAL FISTULA \$0.00 7074 REPAIR OF OTHER VAGINOENTERIC FISTULA \$0.00 7075 REPAIR OF OTHER FISTULA OF VAGINA \$0.00 7076 HYMENORRHAPHY \$0.00 7077 VAGINAL SUSPENSION AND FIXATION \$0.00 7078 PROSTHESIS \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 709 OTHER OPERATION OF VAGINA AULT \$0.00 7091 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7093 PROSTHESIS \$0.00 7094 INSERTION OF BIOLOGICAL GRAFT \$0.00 7095 INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS \$0.00 710 INCISION OF VULVA AD PERINEUM \$0.00 7101 RADIOLOGIC	7064	VAGINAL RECONSTRUCTION WITH GRAFT OR PROSTHESIS	\$0.00
REPAIR OF COLOVAGINAL FISTULA \$0.00	707	OTHER REPAIR OF VAGINA	\$0.00
7073 REPAIR OF RECTOVAGINAL FISTULA \$0.00 7074 REPAIR OF OTHER VAGINOENTERIC FISTULA \$0.00 7075 REPAIR OF OTHER FISTULA OF VAGINA \$0.00 7076 HYMENORRHAPHY \$0.00 7077 VAGINAL SUSPENSION AND FIXATION \$0.00 7078 VAGINAL SUSPENSION AND FIXATION \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 708 OBLITERATION OF VAGINAL VAULT \$0.00 709 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7093 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7094 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7095 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7094 INSERTION OF BIOLOGICAL GRAFT \$0.00 7095 INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS \$0.00 7101 LYSIS OF VULVAR ADD PERINEUM \$0.00 7101 CHOOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.40 71020 RADIOLOGIC EXAMINATION, CHEST; TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 71021 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 71022 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 71023 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 71024 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 71023 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FILUOROSCOPY \$24.00	7071	SUTURE OF LACERATION OF VAGINA	\$0.00
TO74	7072	REPAIR OF COLOVAGINAL FISTULA	\$0.00
TO75	7073	REPAIR OF RECTOVAGINAL FISTULA	\$0.00
To766	7074	REPAIR OF OTHER VAGINOENTERIC FISTULA	\$0.00
T076	7075	REPAIR OF OTHER FISTULA OF VAGINA	
7077	7076	HYMENORRHAPHY	
7078 PROSTHESIS \$0.00 7079 OTHER REPAIR OF VAGINA \$0.00 708 OBLITERATION OF VAGINAL VAULT \$0.00 709 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON VAGINA \$0.00 7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 0THER OPERATIONS ON CUL-DE-SAC WITH GRAFT OR PROSTHESIS \$0.00 7093 PROSTHESIS \$0.00 7094 INSERTION OF BIOLOGICAL GRAFT \$0.00 7095 INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS \$0.00 710 INCISION OF VULVA AND PERINEUM \$0.00 7101 LYSIS OF VULVAR ADHESIONS \$0.00 71010 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$20.02 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$2	7077	VAGINAL SUSPENSION AND FIXATION	
7079 OTHER REPAIR OF VAGINA \$0.00 708 OBLITERATION OF VAGINAL VAULT \$0.00 709 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON VAGINA \$0.00 7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 00 OTHER OPERATIONS ON CUL-DE-SAC WITH GRAFT OR PROSTHESIS \$0.00 7093 PROSTHESIS \$0.00 7094 INSERTION OF BIOLOGICAL GRAFT \$0.00 7095 INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS \$0.00 710 INCISION OF VULVA AND PERINEUM \$0.00 7101 LYSIS OF VULVAR ADHESIONS \$0.00 71010 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; TWO VIEWS, FRONTAL AND LATERAL; \$20.02 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF <td></td> <td>VAGINAL SUSPENSION AND FIXATION WITH GRAFT OR</td> <td></td>		VAGINAL SUSPENSION AND FIXATION WITH GRAFT OR	
708 OBLITERATION OF VAGINAL VAULT \$0.00 709 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON VAGINA \$0.00 7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7093 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 7094 OTHER OPERATIONS ON CUL-DE-SAC WITH GRAFT OR PROSTHESIS \$0.00 7095 INSERTION OF BIOLOGICAL GRAFT \$0.00 710 INCISION OF VULVA AND PERINEUM \$0.00 7101 LYSIS OF VULVAR ADHESIONS \$0.00 7101 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL \$14.40 8ADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 8ADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 8ADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 8ADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 8ADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 8ADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00	7078	PROSTHESIS	\$0.00
709 OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC \$0.00 7091 OTHER OPERATIONS ON VAGINA \$0.00 7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 OTHER OPERATIONS ON CUL-DE-SAC WITH GRAFT OR PROSTHESIS \$0.00 7093 PROSTHESIS \$0.00 7094 INSERTION OF BIOLOGICAL GRAFT \$0.00 7095 INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS \$0.00 710 INCISION OF VULVA AND PERINEUM \$0.00 7101 LYSIS OF VULVAR ADHESIONS \$0.00 7101 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL \$14.40 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	7079	OTHER REPAIR OF VAGINA	\$0.00
7091 OTHER OPERATIONS ON VAGINA \$0.00 7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 OTHER OPERATIONS ON CUL-DE-SAC WITH GRAFT OR PROSTHESIS \$0.00 7094 INSERTION OF BIOLOGICAL GRAFT \$0.00 7095 INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS \$0.00 710 INCISION OF VULVA AND PERINEUM \$0.00 7101 LYSIS OF VULVAR ADHESIONS \$0.00 7101 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL \$14.40 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; \$20.02 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	708	OBLITERATION OF VAGINAL VAULT	\$0.00
7092 OTHER OPERATIONS ON CUL-DE-SAC \$0.00 OTHER OPERATIONS ON CUL-DE-SAC WITH GRAFT OR PROSTHESIS \$0.00 7094 INSERTION OF BIOLOGICAL GRAFT \$0.00 7095 INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS \$0.00 710 INCISION OF VULVA AND PERINEUM \$0.00 7101 LYSIS OF VULVAR ADHESIONS \$0.00 7101 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL \$14.40 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	709	OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC	\$0.00
OTHER OPERATIONS ON CUL-DE-SAC WITH GRAFT OR PROSTHESIS \$0.00 7094 INSERTION OF BIOLOGICAL GRAFT \$0.00 7095 INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS \$0.00 710 INCISION OF VULVA AND PERINEUM \$0.00 7101 LYSIS OF VULVAR ADHESIONS \$0.00 71010 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL \$14.40 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	7091	OTHER OPERATIONS ON VAGINA	\$0.00
7093 PROSTHESIS \$0.00 7094 INSERTION OF BIOLOGICAL GRAFT \$0.00 7095 INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS \$0.00 710 INCISION OF VULVA AND PERINEUM \$0.00 7101 LYSIS OF VULVAR ADHESIONS \$0.00 71010 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL \$14.40 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; \$20.02 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	7092	OTHER OPERATIONS ON CUL-DE-SAC	\$0.00
7094 INSERTION OF BIOLOGICAL GRAFT \$0.00 7095 INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS \$0.00 710 INCISION OF VULVA AND PERINEUM \$0.00 7101 LYSIS OF VULVAR ADHESIONS \$0.00 71010 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL \$14.40 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; \$20.02 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF		OTHER OPERATIONS ON CUL-DE-SAC WITH GRAFT OR	
7095 INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS \$0.00 710 INCISION OF VULVA AND PERINEUM \$0.00 7101 LYSIS OF VULVAR ADHESIONS \$0.00 71010 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL \$14.40 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; \$20.02 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	7093	PROSTHESIS	\$0.00
710 INCISION OF VULVA AND PERINEUM \$0.00 7101 LYSIS OF VULVAR ADHESIONS \$0.00 71010 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL \$14.40 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; \$20.02 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	7094	INSERTION OF BIOLOGICAL GRAFT	\$0.00
7101 LYSIS OF VULVAR ADHESIONS \$0.00 71010 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL \$14.40 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; \$20.02 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	7095	INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS	\$0.00
71010 RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL \$14.10 71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL \$14.40 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; \$20.02 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	710	INCISION OF VULVA AND PERINEUM	\$0.00
71015 RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	7101	LYSIS OF VULVAR ADHESIONS	\$0.00
RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; \$20.02 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$14.10
71020 LATERAL; \$20.02 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	71015	·	\$14.40
RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF \$23.94 \$24.00		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND	
71021 LATERAL; WITH APICAL LORDOTIC PROCEDURE \$23.94 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	71020		\$20.02
71022 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND	
71022 LATERAL; WITH OBLIQUE PROJECTIONS \$24.00 RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	71021	LATERAL; WITH APICAL LORDOTIC PROCEDURE	\$23.94
RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND	
71023 LATERAL; WITH FLUOROSCOPY \$24.00 RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	71022	LATERAL; WITH OBLIQUE PROJECTIONS	\$24.00
RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND	
	71023	LATERAL; WITH FLUOROSCOPY	\$24.00
71030 FOUR VIEWS; \$16.80		RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	
	71030	FOUR VIEWS;	\$16.80

Procedure Code	Procedure Code Description	Rate
	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	
71034	FOUR VIEWS; WITH FLUOROSCOPY	\$42.00
	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG,	
71035	LATERAL DECUBITUS, BUCKY STUDIES)	\$16.72
	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION	
71040	AND INTERPRETATION	\$48.00
	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION	
71060	AND INTERPRETATION	\$60.00
7109	OTHER INCISION OF VULVA AND PERINEUM	\$0.00
	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY,	
71090	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
711	DIAGNOSTIC PROCEDURES ON VULVA	\$0.00
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$16.80
	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING	
71101	POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	\$16.80
7111	BIOPSY OF VULVA	\$0.00
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$16.80
	RADIOLOGIC EXAMINATION, RIBS, BILATERAL, INCLUDING	•
71111	POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	\$16.80
	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO	· · · · · ·
71120	VIEWS	\$16.80
	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR	ψ.σ.σσ
71130	JOINTS, MINIMUM OF THREE VIEWS	\$16.80
7119	OTHER DIAGNOSTIC PROCEDURES ON VULVA	\$0.00
712	OPERATIONS ON BARTHOLIN'S GLAND	\$0.00
7.12	OF EIGHT ON BANTA GEARD	ψ0.00
7121	PERCUTANEOUS ASPIRATION OF BARTHOLIN'S GLAND (CYST)	\$0.00
7122	INCISION OF BARTHOLIN'S GLAND (CYST)	\$0.00
7123	MARSUPIALIZATION OF BARTHOLIN'S GLAND (CYST)	\$0.00
7120	EXCISION OR OTHER DESTRUCTION OF BARTHOLIN'S GLAND	φο.σσ
7124	(CYST)	\$0.00
7 127	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT	ψ0.00
71250	CONTRAST MATERIAL	\$138.00
7 1250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH	ψ100.00
71260	CONTRAST MATERIAL(S)	\$162.00
71200	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT	ψ102.00
	CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	
71270	AND FURTHER	\$227.66
11210	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT	φ227.00
	CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST	
71275	MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	¢ 000 E0
71275	OTHER OPERATIONS ON BARTHOLIN'S GLAND	\$223.53
1129	OTHER OPERATIONS ON BARTHOLIN'S GLAND OTHER LOCAL EXCISION OR DESTRUCTION OF VULVA AND	\$0.00
713		የ
	PERINEUM OPERATIONS ON CUITORIS	\$0.00
714	OPERATIONS ON CLITORIS	\$0.00
715	RADICAL VULVECTOMY	\$0.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG,	
74550	FOR EVALUATION OF HILAR AND MEDIASTINAL	4000
71550	LYMPHADENOPATHY)	\$300.00

MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG) FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITTED TOTAL MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMP) WITHOUT T1552 MAGNETIC RESONANCE IMAGING, CHEST T16 OTHER VULVECTOMY T161 UNILATERAL VULVECTOMY T162 BILATERAL VULVECTOMY T171 REPAIR OF VULVA AND PERINEUM T171 REPAIR OF FISTULA OF VULVA OR PERINEUM	TH \$321.57
71551 CONTRAS MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG,FOR EVALUATION OF HILAR AND MEDIASTINAL LYMP WITHOUT 71552 WITHOUT 71555 MAGNETIC RESONANCE IMAGING, CHEST OTHER VULVECTOMY 7161 UNILATERAL VULVECTOMY 7162 BILATERAL VULVECTOMY 717 REPAIR OF VULVA AND PERINEUM 7171 SUTURE OF LACERATION OF VULVA OR PERINEUM	\$321.57 T PH \$570.49 \$287.72
MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG,FOR EVALUATION OF HILAR AND MEDIASTINAL LYMP 71552 WITHOUT 71555 MAGNETIC RESONANCE IMAGING, CHEST 716 OTHER VULVECTOMY 7161 UNILATERAL VULVECTOMY 7162 BILATERAL VULVECTOMY 717 REPAIR OF VULVA AND PERINEUM 7171 SUTURE OF LACERATION OF VULVA OR PERINEUM	T PH \$570.49 \$287.72
(EG,FOR EVALUATION OF HILAR AND MEDIASTINAL LYMP 71552 WITHOUT 71555 MAGNETIC RESONANCE IMAGING, CHEST 716 OTHER VULVECTOMY 7161 UNILATERAL VULVECTOMY 7162 BILATERAL VULVECTOMY 717 REPAIR OF VULVA AND PERINEUM 7171 SUTURE OF LACERATION OF VULVA OR PERINEUM	PH \$570.49 \$287.72
71552 WITHOUT 71555 MAGNETIC RESONANCE IMAGING, CHEST 716 OTHER VULVECTOMY 7161 UNILATERAL VULVECTOMY 7162 BILATERAL VULVECTOMY 717 REPAIR OF VULVA AND PERINEUM 7171 SUTURE OF LACERATION OF VULVA OR PERINEUM	\$570.49 \$287.72
71555 MAGNETIC RESONANCE IMAGING, CHEST 716 OTHER VULVECTOMY 7161 UNILATERAL VULVECTOMY 7162 BILATERAL VULVECTOMY 717 REPAIR OF VULVA AND PERINEUM 7171 SUTURE OF LACERATION OF VULVA OR PERINEUM	\$287.72
716 OTHER VULVECTOMY 7161 UNILATERAL VULVECTOMY 7162 BILATERAL VULVECTOMY 717 REPAIR OF VULVA AND PERINEUM 7171 SUTURE OF LACERATION OF VULVA OR PERINEUM	
7161 UNILATERAL VULVECTOMY 7162 BILATERAL VULVECTOMY 717 REPAIR OF VULVA AND PERINEUM 7171 SUTURE OF LACERATION OF VULVA OR PERINEUM	\$0.00
7162 BILATERAL VULVECTOMY 717 REPAIR OF VULVA AND PERINEUM 7171 SUTURE OF LACERATION OF VULVA OR PERINEUM	
717 REPAIR OF VULVA AND PERINEUM 7171 SUTURE OF LACERATION OF VULVA OR PERINEUM	\$0.00
7171 SUTURE OF LACERATION OF VULVA OR PERINEUM	\$0.00
	\$0.00
7172 REPAIR OF FISTI II A OF VIII VA OR PERINEI IM	\$0.00
THE AIR OF FIGURE OF VOLVA OF TETRINEON	\$0.00
7179 OTHER REPAIR OF VULVA AND PERINEUM	\$0.00
718 OTHER OPERATIONS ON VULVA	\$0.00
719 OTHER OPERATIONS ON FEMALE GENITAL ORGANS	\$0.00
720 LOW FORCEPS OPERATION	\$0.00
RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUD	DY,
72010 ANTEROPOSTERIOR AND LATERAL	\$35.71
RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIF	-γ
72020 LEVEL	\$13.62
RADIOLOGIC EXAMINATION, SPINE, CERVICAL;	
72040 ANTEROPOSTERIOR AND LATERAL	\$19.61
RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM (
72050 FOUR VIEWS	\$28.48
RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLET	
INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION	
72052 STUDIES	\$35.09
RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR,	
72069 STANDING (SCOLIOSIS)	\$24.00
RADIOLOGIC EXAMINATION, SPINE; THORACIC,	
72070 ANTEROPOSTERIOR AND LATERAL	\$20.64
RADIOLOGIC EXAMINATION, SPINE; THORACIC,	
ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER	₹'S
72072 VIEW OF THE CERVICOT	\$22.29
RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLET	E,
72074 INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	\$24.00
RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR,	
72080 ANTEROPOSTERIOR AND LATERAL	\$21.05
RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY,	
72090 INCLUDING SUPINE AND ERECT STUDIES	\$22.91
721 LOW FORCEPS OPERATION WITH EPISIOTOMY	\$0.00
RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL;	
72100 ANTEROPOSTERIOR AND LATERAL	\$24.00
RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPL	
72110 WITH OBLIQUE VIEWS	\$28.90
RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPL	
72114 INCLUDING BENDING VIEWS	\$36.00
RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDI	
72120 VIEWS ONLY, MINIMUM OF FOUR VIEWS	\$25.59

Procedure Code	Procedure Code Description	Rate
	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE;	
72125	WITHOUT CONTRAST MATERIAL	\$138.00
	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH	
72126	CONTRAST MATERIAL	\$162.00
	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE;	
	WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	
72127	MATERIAL(S) AND	\$162.00
	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE;	
72128	WITHOUT CONTRAST MATERIAL	\$138.00
	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH	
72129	CONTRAST MATERIAL	\$162.00
	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE;	
	WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	
72130	MATERIAL(S) AND	\$162.00
	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE;	
72131	WITHOUT CONTRAST MATERIAL	\$138.00
70400	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH	
72132	CONTRAST MATERIAL	\$162.00
	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE;	
70400	WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	4400 00
72133	MATERIAL(S) AND F	\$162.00
	MACNETIC DECONANCE (EC. DECTON) IMACINO CRIMAL CANAL	
704.44	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL	# 000 00
72141	AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	\$300.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL	
72142	AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	\$343.86
72142	AND CONTENTS, CENVICAL, WITH CONTRAST MATERIAL(S)	φ343.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL	
72146	AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	\$312.70
72140	AND CONTENTS, THORAGIO, WITHOUT CONTRAST MATERIAL	φ512.70
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL	
72147	AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	\$343.86
12171	7.112 CONTENTO, THORIAGIO, WITH CONTRACT WATERIAL(S)	ψυ-τυ.υυ
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL	
72148	AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	\$308.77
, _ , , , ,	33.11.2.11.3, 23.11.2.11.3, 11.11.10.1 30.11.11.10.1 11.11.11.11.11.11.11.11.11.11.11.11.1	ψουσ ι
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL	
72149	AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	\$339.53
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL	ψοσο.σσ
	AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED	
72156	BY CON	\$450.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL	Ţ :00.00
	AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED	
72157	BY CON	\$450.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL	,
	AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED	
72158	BY CON	\$450.00
	MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND	
72159	CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$311.46
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Procedure Code	Procedure Code Description	Rate
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	\$16.10
72170	RADIOLOGIC EXAMINATION, PELVIS, ANTERO OSTERIOR ONET	φ10.10
72190	THREE VIEWS	\$24.00
72130	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT	Ψ24.00
	CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST	
72191	MATERIAL(S) AND	\$216.31
72101	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT	Ψ210.01
72192	CONTRAST MATERIAL	\$138.00
72.02	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST	ψ100.00
72193	MATERIAL(S)	\$162.00
	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT	ψ.σΞ.σσ
	CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	
72194	AND FURTHER	\$162.00
	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS;	*************************************
72195	WITHOUT CONTRAST MATERIAL(S)	\$268.94
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	\$300.00
		·
	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS;	
72197	WITHOUTCONTRAST MATERIAL(S) AND FURTHER SEQUENCES	\$575.03
	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR	
72198	WITHOUT CONTRAST MATERIAL(S)	\$287.52
722	MID FORCEPS OPERATION	\$0.00
	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN	
72200	THREE VIEWS	\$16.51
	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR	
72202	MORE VIEWS	\$18.00
7221	MID FORCEPS OPERATION WITH EPISIOTOMY	\$0.00
	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM	
72220	OF TWO VIEWS	\$17.54
	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND	
72240	INTERPRETATION	\$48.00
	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND	
72255	INTERPRETATION	\$48.00
70005	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION	
72265	AND INTERPRETATION	\$48.00
70070	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL	# 40.00
72270	SUPERVISION AND INTERPRETATION	\$48.00
70075	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISON AND	ФСО Б 4
72275	INTERPRETATION DISKOGRAPHY GERVICAL OR THORAGIC PARIOLOGICAL	\$62.54
70005	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	#40.00
72285 7229	OTHER MID FORCEPS OPERATION	\$48.00
1223	RADIOLOGICAL SUPERVISON AND INTERPRETATION,	\$0.00
	PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL	
72291	AUGMENTATION INCLUDING	\$0.01
12231	RADIOLOGICAL SUPERVISON AND INTERPRETATION,	φυ.υ Ι
	PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL	
72292	AUGMENTATION INCLUDING	\$0.01
ILLUL	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND	ψυ.υ ι
72295	INTERPRETATION	\$48.00
12233	INTERRETATION	ψ+0.00

Procedure Code	Procedure Code Description	Rate
723	HIGH FORCEPS OPERATION	\$0.00
7231	HIGH FORCEPS OPERATION WITH EPISIOTOMY	\$0.00
7239	OTHER HIGH FORCEPS OPERATION	\$0.00
724	FORCEPS ROTATION OF FETAL HEAD	\$0.00
725	BREECH EXTRACTION	\$0.00
	PARTIAL BREECH EXTRACTION WITH FORCEPS TO	
7251	AFTERCOMING HEAD	\$0.00
7252	OTHER PARTIAL BREECH EXTRACTION	\$0.00
	TOTAL BREECH EXTRACTION WITH FORCEPS TO AFTERCOMING	
7253	HEAD	\$0.00
7254	OTHER TOTAL BREECH EXTRACTION	\$0.00
726	FORCEPS APPLICATION TO AFTERCOMING HEAD	\$0.00
727	VACUUM EXTRACTION	\$0.00
7271	VACUUM EXTRACTION WITH EPISIOTOMY	\$0.00
7279	OTHER VACUUM EXTRACTION	\$0.00
728	OTHER SPECIFIED INSTRUMENTAL DELIVERY	\$0.00
729	UNSPECIFIED INSTRUMENTAL DELIVERY	\$0.00
730	ARTIFICIAL RUPTURE OF MEMBRANES	\$0.00
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$15.60
7301	INDUCTION OF LABOR BY ARTIFICIAL RUPTURE OF MEMBRANES	\$0.00
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$15.60
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$14.86
	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM	
73030	OF TWO VIEWS	\$15.60
	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY,	
73040	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS,	
73050	BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	\$15.60
	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO	
73060	VIEWS	\$15.60
	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND	
73070	LATERAL VIEWS	\$15.60
	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF	
73080	THREE VIEWS	\$15.60
	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY,	
73085	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
7309	OTHER ARTIFICIAL RUPTURE OF MEMBRANES	\$0.00
	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR	
73090	AND LATERAL VIEWS	\$15.60
	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT,	
73092	MINIMUM OF TWO VIEWS	\$15.48
731	OTHER SURGICAL INDUCTION OF LABOR	\$0.00
	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND	
73100	LATERAL VIEWS	\$15.48
	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF	
73110	THREE VIEWS	\$16.51
	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY,	
73115	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$15.48

Procedure Code	Procedure Code Description	Rate
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$15.60
73130	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF	φ15.00
73140	TWO VIEWS	\$13.00
73140	INTERNAL AND COMBINED VERSION AND EXTRACTION	\$0.00
102	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY;	ψ0.00
73200	WITHOUT CONTRAST MATERIAL	\$138.00
70200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH	ψ100.00
73201	CONTRAST MATERIAL(S)	\$160.99
	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY;	* ***********************************
	WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	
73202	MATERIAL(S) AN	\$162.00
	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY,	· ·
	WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST	
73206	MATERIAL	\$194.43
7321	INTERNAL AND COMBINED VERSION WITHOUT EXTRACTION	\$0.00
	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER	,
	EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST	
73218	MATERIAL(S)	\$264.60
	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER	· ·
73219	EXTREMITYOTHER THAN JOINT; WITH CONTRAST MATERIEL(S)	\$317.03
7322	INTERNAL AND COMBINED VERSION WITH EXTRACTION	\$0.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER	·
73220	EXTREMITY, OTHER THAN JOINT	\$300.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF	*
73221	UPPER EXTREMITY	\$300.00
	MAGNETIC RESONANCE (EG, PROTON)IMAGING, ANY JOINT OF	
73222	UPPER EXTREMITY WITH, CONTRAST MATERIAL(S)	\$317.03
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF	
	UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S),	
73223	FOLLOWED	\$569.87
	MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY,	
73225	WITH OR WITHOUT CONTRAST MATERIAL(S)	\$284.63
733	FAILED FORCEPS	\$0.00
734	MEDICAL INDUCTION OF LABOR	\$0.00
735	MANUALLY ASSISTED DELIVERY	\$0.00
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	\$15.48
7351	MANUAL ROTATION OF FETAL HEAD	\$0.00
	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO	
73510	VIEWS	\$15.60
	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO	
73520	VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	\$15.60
	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY,	
73525	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE	
73530	PROCEDURE	\$15.60
	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR	
73540	CHILD, MINIMUM OF TWO VIEWS	\$15.60
	RADIOLOGICAL JOINT ARTHROGRAPHY, RADIOLOGICAL	
73542	SUPERVISION AND INTERPRETATION	\$60.68

Procedure Code	Procedure Code Description	Rate
	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND	
73550	LATERAL VIEWS	\$15.60
	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND	
73560	LATERAL VIEWS	\$15.60
	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND	
73562	LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	\$15.60
	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING	
	OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR	
73564	STANDING VIEW	\$15.60
	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING,	
73565	ANTEROPOSTERIOR	\$15.60
	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY,	
73580	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
7359	OTHER MANUALLY ASSISTED DELIVERY	\$0.00
	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA,	
73590	ANTEROPOSTERIOR AND LATERAL VIEWS	\$15.60
	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT,	
73592	MINIMUM OF TWO VIEWS	\$15.48
736	EPISIOTOMY	\$0.00
	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND	
73600	LATERAL VIEWS	\$15.48
	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF	
73610	THREE VIEWS	\$15.60
	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY,	
73615	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND	
73620	LATERAL VIEWS	\$15.48
	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF	
73630	THREE VIEWS	\$15.60
	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO	
73650	VIEWS	\$15.07
	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO	
73660	VIEWS	\$13.00
	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY;	
73700	WITHOUT CONTRAST MATERIAL	\$138.00
	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY;	
73701	WITH CONTRAST MATERIAL(S)	\$160.99
	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY;	
	WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	
73702	MATERIAL(S) AN	\$162.00
	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER	
	EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	
73706	CONTRAST MATERIAL	\$194.43
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER	
	EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST	
73718	MATERIAL(S)	\$264.60
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER	
73719	EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)	\$317.03
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER	
73720	EXTREMITY, OTHER THAN JOINT	\$300.00

Procedure Code	Procedure Code Description	Rate
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF	
73721	LOWER EXTREMITY	\$300.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF	
73722	LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$317.03
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF	4500.05
73723	LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	\$569.87
	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY,	4000.40
73725	WITH OR WITHOUT CONTRAST MATERIAL(S)	\$286.48
738	OPERATIONS ON FETUS TO FACILITATE DELIVERY	\$0.00
739	OTHER OPERATIONS ASSISTING DELIVERY	\$0.00
7391	EXTERNAL VERSION	\$0.00
7392	REPLACEMENT OF PROLAPSED UMBILICAL CORD	\$0.00
7393 7394	INCISION OF CERVIX TO ASSIST DELIVERY	\$0.00
	PUBIOTOMY TO ASSIST DELIVERY OTHER	\$0.00
7399	CLASSICAL CESAREAN SECTION	\$0.00
740	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE	\$0.00
74000	ANTEROPOSTERIOR VIEW	015 CO
74000	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR	\$15.60
74010	AND ADDITIONAL OBLIQUE AND CONE VIEWS	\$15.60
74010	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING	\$13.00
74020	DECUBITUS AND/OR ERECT VIEWS	\$21.60
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE	φ21.00
	ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR	
74022	DECUBITUS VIE	\$21.60
74022	LOW CERVICAL CESAREAN SECTION	\$0.00
741	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT	ψ0.00
74150	CONTRAST MATERIAL	\$138.00
74100	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH	ψ100.00
74160	CONTRAST MATERIAL(S)	\$162.00
74100	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT	Ψ102.00
	CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	
74170	AND FURTHE	\$162.00
	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN,	Ψ. υΞ. υυ
	WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST	
74175	MATERIAL(S) AND	\$216.31
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	\$300.00
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;	+
74182	WITH CONTRAST MATERIAL(S)	\$321.57
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;	T
	WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH	
74183	CONTRAST MATE	\$575.03
	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR	
74185	WITHOUT CONTRAST MATERIAL(S)	\$287.52
	PERITONEOGRAM, RADIOLOGICAL SUPERVISION AND	•
74190	INTERPRETATION	\$36.53
742	EXTRAPERITONEAL CESAREAN SECTION	\$0.00
	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL	
74210	ESOPHAGUS	\$24.00
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$24.00

Procedure Code	Procedure Code Description	Rate
	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH	
74230	CINERADIOGRAPHY AND/OR VIDEO	\$24.00
	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF	
	BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND	
74235	INTERPRETAT	\$78.00
	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT,	
74240	UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	\$53.04
	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT,	
74241	UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	\$53.66
	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT,	
	UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL	
74245	FILMS	\$60.00
	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT,	
	UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM,	
74246	EFFE	\$56.97
	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT,	
	UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM,	
74247	EFFE	\$57.79
	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT,	-
	UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM,	
74249	EFFE	\$72.00
	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES	·
74250	MULTIPLE SERIAL FILMS	\$42.31
	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES	·
74251	MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE	\$41.69
74260	DUODENOGRAPHY, HYPOTONIC	\$47.47
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	\$48.00
	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH	
	SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT	
74280	GLUCAGON	\$54.00
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$25.59
	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR	·
74291	REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	\$17.60
743	REMOVAL OF EXTRATUBAL ECTOPIC PREGNANCY	\$0.00
	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING	70100
74300	SURGERY	\$33.44
	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	*************************************
74305	POSTOPERATIVE	\$29.93
	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC,	,
74320	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.00
	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC;	,
74321	COMPLETE PROCEDURE	\$77.89
<u>-</u>	POSTOPERATIVE BILIARY DUCT STONE REMOVAL,	4 - 1 - 1 - 1
	PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG,	
74327	BURHENNE TECHNIQ	\$54.00
52.	252.120	ψοοο
	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL	
74328	SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.00
, 1020	5.5. Ling to Biological Con Little Control of The Factor	Ψ, Σ.00
	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL	
74329	SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.00
17020	OTOTEM, INDICEOGICAL OUT ENVIOLON AND INTERNITED INTERNITED	Ψ1 Δ.00

COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, 74340 MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS \$66.00 PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$66.00 INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA SUPERVISION AND INTERPRE PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; S50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY TECHNIQUE; WITH NEPHROTOMOGRAPHY TECHNIQUE; WITH NEPHROTOMOGRAPHY S50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY THOUT KUB S50.40 UROGRAPHY, WITH OR WITH OR WITHOUT KUB S50.40 UROGRAPHY, MITHORALE, WITH OR WITHOUT KUB S50.40 UROGRAPHY, WITHORALE, WITH OR WITHOUT KUB S50.40 UROGRAPHY, MITHORALE, WITH OR WITHOUT KUB S50.40 UROGRAPHY, WITHORALE, WITH OR WITHOUT KUB S50.40 UROGRAPHY, WITHORALE, WITH OR WITHOUT KUB S50.40 VASOGRAPHY, WITHORALE, WITH OR WITHOUT KUB S50.40 UROGRAPHY, WITHORALE, WITHOUT WITHOUT KUB S50.40 VASOGRAPHY, WITHORALE, WITHOUT WITHOUT KUB S50.40 URETHROCYSTOGRAPHY, OR PIDIDIOMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION S50.00 VASOGRAPHY, WITHOUT PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION PADOLOGICAL SUPERVISION AND INTERPRETATION S50.00 URETHROCYSTOGRAPHY, ROPEDIOLOGICAL SUPERVISION SOURCE, SUPERVISION AND INTERPRETATION PAUSOGRAPHY, WITHOUT PLACENTAL COCALIZATION S50.00 URETHROCYSTOGRAPHY, WITHOUT PLACENTAL	Procedure Code	Procedure Code Description	Rate
T4330 SUPERVISION AND \$72.00			
INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, ADIOLOGICA T4363 7440 CESAREAN SECTION OF OTHER SPECIFIED TYPE \$0.00 UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; \$50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; TECHNIQUE; WITH OR WITHOUT ON MOGRAPHY TECHNIQUE; WITH OR WITHOUT ON MOGRAPHY TECHNIQUE; WITH OR WITHOUT TOMOGRAPHY TECHNIQUE; WITH OR WITHOUT KUB UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH OR WITHOUT TOMOGRAPHY TECHNIQUE; WITH OR WITHOUT KUB UROGRAPHY, NETFOGRADE, WITH OR WITHOUT KUB UROGRAPHY, WINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, WINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION URSORAPHY, VESICUEOGRAPHY, OR DIPIDEMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, VIOLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETER THROUGH RETRAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INTERCETAL CATHETERS, OR UR		AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL	
MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	74330	SUPERVISION AND	\$72.00
MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS		INTEGRALATION OF LONG CASTROINTEGTIMAL TURE (FO	
PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG. ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE PERCUTANEOUS TRANSHEPATIC DILATATION OF BILLIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA 74363 744 CESAREAN SECTION OF OTHER SPECIFIED TYPE \$0.00 UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH OLIVE WITH NEPHROTOMOGRAPHY 14410 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY 14410 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY 14420 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB UROGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION 336.00 CYSTOGRAPHY, WISIOLOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, WESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION SOME URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION PELVINETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION RADIOLOGIC EXAMINATION, PER CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER STOOLOGICAL SUPERVISION AND INTERPRETATION 74470 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION RADIOLOGICAL SUPERVISION AND	74040	,	# 00.00
RADIOLOGICAL SUPERVISION AND INTERPRETATION \$66.00	74340		\$66.00
INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG. ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, AS63 PAGE T44 CESAREAN SECTION OF OTHER SPECIFIED TYPE SO.00 UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY T4410 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY T4420 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION CYSTOGRAPHY, WINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION URCHAPACY VESICULOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION SAG.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, PERCUTANEOUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INTEROBLETION OF INTERCATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INTERDETATION THANSCERVICAL CATHETERS, OR URETHRA, RA	74055		Φ00.00
OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA \$157.28 744 CESAREAN SECTION OF OTHER SPECIFIED TYPE \$0.00 UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; \$50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH OR WITHOUT MOBION BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB \$50.40 UROGRAPHY, NATEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$54.00 URETHROCYSTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 URETHROCYSTOGRAPHY, RODIONG, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH BEAND. PILICTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER \$78.00 THANSCERVICAL CATHETER, OR URETHRA, PA4485 RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74355		\$66.00
74360 SUPERVISION AND INTÉRPRE \$72.00			
PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA \$157.28 744 CESAREAN SECTION OF OTHER SPECIFIED TYPE \$0.00 UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; \$50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; \$50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; \$50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB \$50.40 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB \$50.40 UROGRAPHY, NETGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO URETER THROUGH SO	74060	\ ' '	ф 7 0.00
STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA \$157.28	74300		\$72.00
74363 RADIOLOGICA \$157.28 744 CESAREAN SECTION OF OTHER SPECIFIED TYPE \$0.00 74400 UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR 74400 WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; \$50.40 74410 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS \$50.40 74410 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS \$50.40 74415 TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 74420 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB \$50.40 UROGRAPHY, ANTEGRADE, WITH OR WITHOUT KUB \$50.40 VA420 UROGRAPHY, ANTEGRADE, WITH OR WITHOUT KUB \$50.40 UROGRAPHY, ANTEGRADE, WITH OR WITHOUT KUB \$50.40 VAY20 UROGRAPHY, ANTEGRADE, WITHOUT KUB \$50.40 VERY RETROGRADE, WITHOUT KUB \$50.40 VERY RETROGRADE, WITHOUT KUB \$36.00 VAY20 VASOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL Y4420 SUPERVISION AND INTERPRETATION \$30.00 VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, \$30.00 VASOGRAPHY, VESICULOGRAPHY, RADIOLOGICAL SUPERVISION \$36.00 Y445			
7444 CESAREAN SECTION OF OTHER SPECIFIED TYPE UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY TECHNIQUE; WITH NEPHROTOMOGRAPHY TECHNIQUE; WITH NEPHROTOMOGRAPHY TECHNIQUE; WITH NEPHROTOMOGRAPHY UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, AND INTERPRETATION CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION SA6.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION SA6.00 URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION SA6.00 URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INTERPRETATION SA6.00 URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION SA6.00 URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION SA6.00 URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION SA6.00 INTERDUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION SA6.00 TRANSCERVICAL CATHETER AND OF FALLOPIAN TUBE, HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION TRANSCERVICAL CATHETER AND OF FALLOPIAN TUBE,	74060	· ·	01 E 7 O 0
T4400 UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; \$50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; \$50.40 TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB \$50.40 UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 CORPORA CAVERNOSOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 TA445 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 URETHROCYSTOGRAPHY, NOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN SUPERVISION AND INTERPRETATION \$78.00 INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO PRESTORM, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGORAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$366.00			
T4400 WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; \$50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 T4415 TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 T4420 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB \$50.40 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB \$50.40 UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$54.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS,	744		\$0.00
TECHNIQUE; \$50.40 TECHNIQUE; \$50.40 TECHNIQUE; \$50.40 TECHNIQUE; \$50.40 TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 TROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB \$50.40 UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN SUPERVISION AND INTERPRETATION SUPE	74400	,	ΦEO 40
TECHNIQUE; \$50.40 UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 74415 TECHNIQUE; WITH NEPHROTOMOGRAPHY \$50.40 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL \$4430 SUPERVISION AND INTERPRETATION VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION WASOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER ST8.00 INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$78.00 THE PRETATION THE PRETATION THE PRETATION \$36.00 TRANSCERVICAL CATHETER INTO OF FALLOPIAN TUBE,	74400		\$50.40
THE TRANSCERVICAL CATHETER PART AND CONTROL OF FALLOPIAN TRANSCERVICAL CATHETER TOR NOT FALLOPIAN TUBE.	74410		ΦEO 40
TECHNIQUE; WITH NEPHROTOMOGRAPHY 74420 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, WESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION WESTHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74410	,	\$50.40
T4420 UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$54.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 74480 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74415	, , , , , , , , , , , , , , , , , , , ,	ΦEO 40
UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION S30.00 CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER 74480 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$78.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,		,	
NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION STAND URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION SUPERVISION AND INTERPRETATION WETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION STR.00 TAVAS PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION STR.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74420	,	φ50.40
T4425 SUPERVISION AND INTERPRETATION \$36.00 CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$40.00 T4445 AND INTERPRETATION \$54.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN \$42.00 INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER INTRODUCTION OF REPHROSTOMY, URETERS, OR URETHRA, PADIOLOGICAL SUPERVISION AND INTERPRETATION \$78.00 T4485 RADIOO STRAND STRAND \$78.00 T4485 RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,		, , , , , , , , , , , , , , , , , , , ,	
CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION VEETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION VIRETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION VIRETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN VA470 INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION V74485 RADIOLOGICAL SUPERVISION AND INTERPRETATION V74485 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION V36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74425	, , , , , , , , , , , , , , , , , , , ,	426 OO
T4440 SUPERVISION AND INTERPRETATION VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION T4445 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER T4480 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION T4485 RADIOLOGICAL SUPERVISION AND INTERPRETATION T4486 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION S32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74423		φ30.00
VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION WRETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER \$78.00 THROUGICAL SUPERVISION AND INTERPRETATION \$72.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	7//30		የ30 00
74440 RADIOLOGICAL SUPERVISION AND INTERPRETATION \$30.00 CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$54.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN \$42.00 INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER \$78.00 74480 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00	7 4400		Ψ00.00
CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION 74485 RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00	74440		\$30 00
T4445 AND INTERPRETATION \$54.00 URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$42.00 RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN \$42.00 INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER JILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	7 4440		Ψ00.00
URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION TATALO PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION S32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74445	· ·	\$54.00
T4450 SUPERVISION AND INTERPRETATION URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN S42.00 INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER T4480 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION T4710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION T4740 INTERPRETATION TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	7 7 7 7 0		ψ04.00
URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER 74480 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74450		\$36.00
74455 SUPERVISION AND INTERPRETATION \$42.00 RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN \$42.00 INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO \$78.00 INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER \$78.00 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	71100		φοσ.σσ
RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER \$78.00 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION 1NTERPRETATION 1NTERPRETA	74455	· · · · · · · · · · · · · · · · · · ·	\$42.00
TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN SUPERVISION AND IN STANDIO INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER TA480 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION TA710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	71100		ψ.2.00
T4470 SUPERVISION AND IN INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER T4480 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,			
INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO \$78.00 INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER \$78.00 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74470		\$42.00
PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO \$78.00 INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER \$78.00 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,			, ·=·30
74475 RADIO \$78.00 INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER \$78.00 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,			
INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER \$78.00 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74475		\$78.00
74480 INJECTION, PER \$78.00 DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, 74485 RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00 74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,			
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74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,			
74710 PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION \$32.82 HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74485	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.00
HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION \$36.00 TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	•
TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,		HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND	
·	74740	INTERPRETATION	\$36.00
74742 RADIOLOGICAL SUPERVISION AND INTERPRETATION \$72.00		TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE,	
	74742	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.00

Procedure Code	Procedure Code Description	Rate
	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION	
74775	OR EXTENT OF ANOMALIES)	\$48.00
749	CESAREAN SECTION OF UNSPECIFIED TYPE	\$0.00
7491	HYSTEROTOMY TO TERMINATE PREGNANCY	\$0.00
7499	OTHER CESAREAN SECTION OF UNSPECIFIED TYPE	\$0.00
750	INTRA-AMNIOTIC INJECTION FOR ABORTION	\$0.00
751	DIAGNOSTIC AMNIOCENTESIS	\$0.00
752	INTRAUTERINE TRANSFUSION	\$0.00
753	OTHER INTRAUTERINE OPERATIONS ON FETUS AND AMNION	\$0.00
7531	AMNIOSCOPY	\$0.00
7532	FETAL EKG (SCALP)	\$0.00
7533	FETAL BLOOD SAMPLING AND BIOPSY	\$0.00
7534	FETAL MONITORING, NOT OTHERWISE SPECIFIED	\$0.00
7535	OTHER DIAGNOSTIC PROCEDURES ON FETUS AND AMNION	\$0.00
7536	CORRECTION OF FETAL DEFECT	\$0.00
7537	AMNIOINFUSION	\$0.00
754	MANUAL REMOVAL OF RETAINED PLACENTA	\$0.00
	REPAIR OF CURRENT OBSTETRIC LACERATION OF UTERUS,	-
7550	NOT OTHERWISE SPECIFIED	\$0.00
7551	REPAIR OF CURRENT OBSTETRIC LACERATION OF CERVIX	\$0.00
	REPAIR OF CURRENT OBSTETRIC LACERATION OF CORPUS	·
7552	UTERI	\$0.00
	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY	
75557	AND FUNCTION WITHOUT CONTRAST MATERIAL;	\$301.14
	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY	+
	AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS	
75559	IMAGING	\$437.16
	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY	• • • • • • • • • • • • • • • • • • •
	AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED	
75561	BY CONTR	\$405.58
70001	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY	ψ100.00
	AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED	
75563	BY CONTR	\$501.55
756	REPAIR OF OTHER CURRENT OBSTETRIC LACERATION	\$0.00
730	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY,	ψ0.00
75600	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$216.00
73000	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY,	φ210.00
75605	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
73003	REPAIR OF CURRENT OBSTETRIC LACERATION OF BLADDER	φ240.00
7561	AND URETHRA	የ በ በ በ ወ
7301	REPAIR OF CURRENT OBSTETRIC LACERATION OF RECTUM	\$0.00
7500		Φ0.00
7562	AND SPHINCTER ANI	\$0.00
75005	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY,	#040.00
75625	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL	
77.00	LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY,	^
75630	RADIOLOGICAL SU	\$270.00
	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA	
_	AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF,	
75635	RADIOLOGIC	\$236.33

Procedure Code	Procedure Code Description	Rate
	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING	
	VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND	
75650	INTERPRETATION	\$270.00
	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL	
75658	SUPERVISION AND INTERPRETATION	\$240.00
	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE,	
75660	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE,	
75662	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$270.00
=====	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL,	*
75665	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
=====	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL; CATHETER,	
75669	COMPLETE PROCEDURE	\$54.00
75074	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL,	#070.00
75671	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$270.00
75070	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL,	#040.00
75676	RADIOLOGICAL SUPERVISION AND INTERPRETATION ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL,	\$240.00
75600		ф0 7 0 00
75680	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$270.00
	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL,	
75685	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
7569	REPAIR OF OTHER CURRENT OBSTETIC LACERATION	\$0.00
757	MANUAL EXPLORATION OF UTERINE CAVITY, POSTPARTUM	\$0.00
131	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL	φυ.υυ
75705	SUPERVISION AND INTERPRETATION	\$300.00
70700	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL	Ψ000.00
75710	SUPERVISION AND INTERPRETATION	\$240.00
707.10	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL	Ψ2 10.00
75716	SUPERVISION AND INTERPRETATION	\$240.00
	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING	<u> </u>
	FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND	
75722	INTERPRETA	\$240.00
	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING	
75724	FLUSH AORTOGRAM),	\$270.00
	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE,	
	(WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL	
75726	SUPERVISION	\$240.00
	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE,	
75731	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE,	
75733	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE,	
75736	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE,	
75741	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE,	
75743	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$270.00

Procedure Code	Procedure Code Description	Rate
	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR	
	VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND	
75746	INTERPRETAT	\$240.00
	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL	
75756	SUPERVISION AND INTERPRETATION	\$240.00
	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL	
	STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL	
75774	SUPERVISION AND I	\$216.00
	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS	
75790	PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.00
758	OBSTETRIC TAMPONADE OF UTERUS OR VAGINA	\$0.00
	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL,	-
75801	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$114.00
	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL,	·
75803	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.00
	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL,	
75805	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.00
	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL,	
75807	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$138.00
	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND	
75810	INTERPRETATION	\$240.00
	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL	
75820	SUPERVISION AND INTERPRETATION	\$42.00
	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL	·
75822	SUPERVISION AND INTERPRETATION	\$60.00
	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY,	•
75825	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY,	
75827	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL	
75831	SUPERVISION AND INTERPRETATION	\$240.00
	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL	
75833	SUPERVISION AND INTERPRETATION	\$270.00
	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE,	<u> </u>
75840	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE,	
75842	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$270.00
	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL	
75860	SUPERVISION AND INTERPRETATION	\$240.00
	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL	
75870	SUPERVISION AND INTERPRETATION	\$240.00
	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND	
75872	INTERPRETATION	\$240.00
	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND	
75880	INTERPRETATION	\$42.00
	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH	
	HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND	
75885	INTERPRETATION	\$270.00

Procedure Code	Procedure Code Description	Rate
	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT	
	HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND	
75887	INTERPRETAT	\$270.00
	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH	
	HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND	
75889	INTERPRETATION	\$240.00
	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT	
	HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND	
75891	INTERPRETATIO	\$240.00
	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT	
	ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN),	
75893	RADIOLOGIC	\$216.00
	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD,	•
75894	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$360.00
	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG,	•
	THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL	
75896	SUPERVISION A	\$360.00
	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP	•
	STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR	
75898	INFUSION	\$66.00
759	OTHER OBSTETRIC OPERATIONS	\$0.00
	EXCHANGE OF A PREVIOUSLY PLACED ARTERIAL CATHERTER	
	DURING THROMBOLYTIC THERAPY WITH CONTRAST	
75900	MONITORING,	\$454.08
	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE	•
	MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE	
75901	VENOUS ACCESS	\$55.11
	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE	•
	MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE	
75902	LUMEN, RADIO	\$52.22
	EVACUATION OF OBSTETRICAL INCISIONAL HEMATOMA OF	·
7591	PERINEUM	\$0.00
7592	EVACUATION OF OTHER HEMATOMA OF VULVA OR VAGINA	\$0.00
7593	SURGICAL CORRECTION OF INVERTED UTERUS	\$0.00
7594	MANUAL REPLACEMENT OF INVERTED UTERUS	\$0.00
	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL	
75940	SUPERVISION AND INTERPRETATION	\$180.00
	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL),	•
	RADIOLOGICAL SUPERVISION AND INTERPRETATION; INTIAL	
75945	VESSEL	\$106.71
	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL),	+
	RADIOLOGICAL SUPERVISION AND INTERPRETATION; EACH	
75946	ADDITIONAL	\$59.03
-	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC	
	ANEURYSM OR DISSECTION, RADIOLOGICAL SUPERVISION AND	
75952	INTERP	\$129.62
	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS	+
	FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL	
75953	AORTIC	\$53.25
. 5555	7.56	Ψ00.20

Procedure Code	Procedure Code Description	Rate
	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM,	
	PSEUDOANEURYSM,ARTERIORVENOUS MALFORMATION, OR	
75954	TRAUMA, RADIOLOGI	\$0.00
	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA;	
	INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN,	
75956	INTITIA	\$0.01
	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA;	
75957	NOT INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY	\$0.01
	PLACEMENT OF PROXIMAL EXTENTION PROSTHESIS FOR	
	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA,	
75958	RADIOLOGICAL	\$0.01
	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED)	
	AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC	
75959	AORTA,	\$0.01
	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR	
	STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR	
75960	OPEN, RADIOLO	\$300.00
	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF	
	INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR	
75961	ARTERIAL CATHETE	\$300.00
	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY,	
75962	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$300.00
	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL	
	PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND	
75964	INTERPRETATI	\$162.00
	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER	
	VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND	
75966	INTERPRETATION	\$300.00
	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL	
	VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND	*
75968	INTERPRETATION	\$162.00
	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND	404000
75970	INTERPRETATION TRANSLUMINAL BALLOON ANGIORI ACTV VENOUS (50	\$216.00
	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG,	
75070	SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND	ΦΩΕΩ ΩΩ
75978	INTERPRETATIO PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH	\$350.88
75000	CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	#100.00
75980	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR	\$120.00
	COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF	
75982	A DRAINA	\$138.00
13302	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH	φ130.00
	CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT),	
75984	RADIOLOG	ድ ድስ ስሳ
70904	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF	\$60.00
75000	ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	ቀርር ርር
75989 7599	OTHER	\$90.00
7099	UINEN	\$0.00

Procedure Code	Procedure Code Description	Rate
	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY,	
75992	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$300.00
	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL	
	PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND	
75993	INTERPRETATION	\$162.00
	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL	
75994	SUPERVISION AND INTERPRETATION	\$300.00
	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL	
75995	SUPERVISION AND INTERPRETATION	\$300.00
	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR	
	VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND	
75996	INTERPRETATIO	\$162.00
760	INCISION OF FACIAL BONE WITHOUT DIVISION	\$0.00
	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR	
76000	PHYSICIAN TIME, OTHER THAN 71023 OR 71034	\$30.00
	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR,	
	ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG,	
76001	NEPHROSTOLITHOTOMY,	\$66.00
7601	SEQUESTRECTOMY OF FACIAL BONE	\$0.00
	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR	
76010	FOREIGN BODY, SINGLE FILM, CHILD	\$15.60
	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY	
76070	STUDY, ONE OR MORE SITES	\$60.00
	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS	
	TRACT STUDY, RADIOLOGICAL SUPERVISION AND	
76080	INTERPRETATION	\$36.00
7609	OTHER INCISION OF FACIAL BONE	\$0.00
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	\$13.83
761	DIAGNOSTIC PROCEDURES ON FACIAL BONES AND JOINTS	\$0.00
	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG,	
76100	TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	\$42.00
	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE,	
	HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID	
76101	POLYTOMOGRAPHY), OTHER T	\$48.00
	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE,	
	HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID	
76102	POLYTOMOGRAPHY), OTHER T	\$54.00
7611	BIOPSY OF FACIAL BONE	\$0.00
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$30.00
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	\$24.00
	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE,	
76140	WRITTEN REPORT	\$14.86
76150	XERORADIOGRAPHY	\$10.40
	OTHER DIAGNOSTIC PROCEDURES ON FACIAL BONES AND	_
7619	JOINTS	\$0.00
762	LOCAL EXCISION OR DESTRUCTION OF LESION OF FACIAL BONE	\$0.00
763	PARTIAL OSTECTOMY OF FACIAL BONE	\$0.00
7631	PARTIAL MANDIBULECTOMY	\$0.00

Procedure Code	Procedure Code Description	Rate
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	\$18.56
	3D REDERING WITH INTERPRETATION AND REPORTING OF	
	COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING,	
76376	ULTRASOUND,	\$78.43
	3D REDERING WITH INTERPRETATION AND REPORTING OF	
	COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING,	
76377	ULTRASOUND,	\$100.72
	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED	
76380	FOLLOW-UP STUDY	\$90.00
7639	PARTIAL OSTECTOMY OF OTHER FACIAL BONE	\$0.00
76390	MAGNETIC RESONANCE SPECTROSCOPY	\$278.85
764	EXCISION AND RECONSTRUCTION OF FACIAL BONES	\$0.00
-	TOTAL MANDIBULECTOMY WITH SYNCHRONOUS	
7641	RECONSTRUCTION	\$0.00
7642	OTHER TOTAL MANDIBULECTOMY	\$0.00
7643	OTHER RECONSTRUCTION OF MANDIBLE	\$0.00
, 0 10	TOTAL OSTECTOMY OF OTHER FACIAL BONE WITH	ψυ.υυ
7644	SYNCHRONOUS RECONSTRUCTION	\$0.00
7645	OTHER TOTAL OSTECTOMY OF OTHER FACIAL BONE	\$0.00
7646	OTHER RECONSTRUCTION OF OTHER FACIAL BONE	\$0.00
7040	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC,	φυ.υυ
76496	INTERVENTIONAL)	ΦΩ ΩΩ
70490	,	\$0.00
70407	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG,	Φ0.00
76497	DIAGNOSTIC INTERVENTIONAL)	\$0.00
70.400	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG,	40.00
76498	DIAGNOSTIC, INTERVENTIONAL)	\$0.00
765	TEMPOROMANDIBULAR ARTHROPLASTY	\$0.00
	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH	
	IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION	
76506	OF VENTR	\$48.00
	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND	
	QUANTITATIVE A-SCAN PERFORMED DURING THE SAME	
76510	PATIENT ENCOUNTER	\$93.09
	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-	
76511	SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	\$48.00
	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC;	
76512	CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	\$48.00
	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC;	
76513	ANTERIOR SEGMENT ULTRASOUND,	\$48.00
	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DÍAGNOSTIC;	·
76514	CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$6.81
	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-	
76516	SCAN:	\$36.00
, 5510	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-	ψοσ.σσ
76519	SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	\$36.00
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$36.00
10028	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG,	φυυ.υυ
	THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME	
76526	WITH IM	ቀንድ ሳሳ
76536	VVII⊓ IIVI	\$36.00

Procedure Code	Procedure Code Description	Rate
		40.55
766	OTHER FACIAL BONE REPAIR AND ORTHOGNATHIC SURGERY	\$0.00
76004	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	ተባር ባባ
76604	AND/OR REAL TIME WITH IMAGE DOCUMENTATION	\$36.00
7661	CLOSED OSTEOPLASTY (OSTEOTOMY) OF MANDIBULAR RAMUS	\$0.00
	,	
7662	OPEN OSTEOPLASTY (OSTEOTOMY) OF MANDIBULAR RAMUS	\$0.00
7663	OSTEOPLASTY (OSTEOTOMY) OF BODY OF MANDIBLE	\$0.00
7664	OTHER ORTHOGNATHIC SURGERY ON MANDIBLE	\$0.00
	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-	
76645	SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	\$36.00
7665	SEGMENTAL OSTEOPLASTY (OSTEOTOMY) OF MAXILLA	\$0.00
7666	TOTAL OSTEOPLASTY (OSTEOTOMY) OF MAXILLA	\$0.00
7667	REDUCTION GENIOPLASTY	\$0.00
7668	AUGMENTATION GENIOPLASTY	\$0.00
7669	OTHER FACIAL BONE REPAIR	\$0.00
7670	REDUCTION OF FACIAL FRACTURE, NOT OTHERWISE SPECIFIED	\$0.00
7070	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH	φυ.υυ
76700	IMAGE DOCUMENTATION; COMPLETE	\$48.00
70700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH	Ψ40.00
	IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN,	
76705	QUADRANT,	\$48.00
7671	CLOSED REDUCTION OF MALAR AND ZYGOMATIC FRACTURE	\$0.00
7672	OPEN REDUCTION OF MALAR AND ZYGOMATIC FRACTURE	\$0.00
7673	CLOSED REDUCTION OF MAXILLARY FRACTURE	\$0.00
7674	OPEN REDUCTION OF MAXILLARY FRACTURE	\$0.00
7675	CLOSED REDUCTION OF MANDIBULAR FRACTURE	\$0.00
7676	OPEN REDUCTION OF MANDIBULAR FRACTURE	\$0.00
7677	OPEN REDUCTION OF ALVEOLAR FRACTURE	\$0.00
	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA,	
	NODES), B-SCAN AND/OR REAL TIME WITH IMAGE	
76770	DOCUMENTATION; COMPL	\$48.00
	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA,	
	NODES), B-SCAN AND/OR REAL TIME WITH IMAGE	
76775	DOCUMENTATION; LIMIT	\$48.00
	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND	
76776	DUPLEX DOPPLER WITH IMAGE DOCUMENTATION	\$84.42
7678	OTHER CLOSED REDUCTION OF FACIAL FRACTURE	\$0.00
7679	OTHER OPEN REDUCTION OF FACIAL FRACTURE	\$0.00
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	\$36.00
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	
76801	DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIR	\$52.22
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	
	DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH	
76802	ADDITIONA	\$40.87
	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME	
- 0.55-	WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL	
76805	AND MA	\$36.00

Procedure Code	Procedure Code Description	Rate
	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME	
	WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL	
76810	AND MA	\$48.00
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	
	DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE	
76811	OR FIRS	\$136.22
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	
	DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH	
76812	ADDITIONA	\$81.12
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	
	DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL	
76813	TRANSLUCENCY	\$70.80
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	
	DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL	
76814	TRANSLUCENCY	\$47.27
	FOLIOODADIIV DDEONANT LITERUO D OCAN AND OR DEAL TIME	
70045	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME	400.00
76815	WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	\$36.00
	FOLIOGRAPHY PRECNANT LITERUG R COAN AND/OR REAL TIME	
70040	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION: FOLLOW-UP OR REPEAT	Φ00.00
76816	,	\$36.00
70017	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	ΦΕΩ Ω7
76817	DOCUMENTATION, TRANSVAGINAL	\$53.87
76818	FETAL BIOPHYSICAL PROFILE	\$48.00
76010	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON- STRESS TESTING	ΦEΩ ΩΕ
76819 76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$53.25 \$50.57
70020	DOFFLER VELOCIMETRY, FETAL, UMBILICAL ARTERY	φ30.37
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$56.35
	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM,	- +
	REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR	
76825	WITHOUT M-MODE	\$48.00
	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM,	•
	REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR	
76826	WITHOUT M-MODE	\$46.44
	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR	-
	SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	
76827	SPECTRAL DISPL	\$48.00
	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR	
	SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	
76828	SPECTRAL DISPL	\$18.00
76830	ECHOGRAPHY, TRANSVAGINAL	\$42.00
	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW	
76831	DOPPLER	\$54.49
	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL	*
76856	TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$42.00
	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL	
	TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP	
76857	(EG,	\$30.00
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	\$42.00
76872	ECHOGRAPHY, TRANSRECTAL	\$42.00

Procedure Code	Procedure Code Description	Rate
	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR	
76873	BRACHYTHERAPY TREATMENT PLANNING	\$85.04
	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR	
76880	REAL TIME WITH IMAGE DOCUMENTATION	\$48.92
	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING	
76885	DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)	\$54.90
	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING	
	DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING	
76886	MANIPULATO	\$48.92
769	OTHER OPERATIONS ON FACIAL BONES AND JOINTS	\$0.00
7691	BONE GRAFT TO FACIAL BONE	\$0.00
7692	INSERTION OF SYNTHETIC IMPLANT IN FACIAL BONE	\$0.00
7000	OLOGED REDUCTION OF TEMPOROMANIDIRULAR DIOLOGATION	40.00
7693	CLOSED REDUCTION OF TEMPOROMANDIBULAR DISLOCATION	\$0.00
	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS,	
76930	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$53.87
	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY,	
76932	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$53.87
	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL	
	PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES	
76936	DIAGNOSTI	\$176.88
	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING	
76937	ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,	\$19.20
7694	OPEN REDUCTION OF TEMPOROMANDIBULAR DISLOCATION	\$0.00
	ULTRASOUND GUIDANCE FOR, AND MONITORING OF VISCERAL	
76940	TISSUE ABLATION	\$94.32
	ULTRSONIC GUIDANCE FOR INTRAUTERINE FETAL	
	TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL	
76941	SUPERVISION AND INTERPRET	\$74.30
	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL	
76942	SUPERVISION AND INTERPRETATION	\$53.87
	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING,	
76945	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$60.48
	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL	
76946	SUPERVISION AND INTERPRETATION	\$42.00
7695	OTHER MANIPULATION OF TEMPOROMANDIBULAR JOINT	\$0.00
	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY	•
76950	FIELDS, B-SCAN	\$42.00
	INJECTION OF THERAPEUTIC SUBSTANCE INTO	· · · · · · · · · · · · · · · · · · ·
7696	TEMPOROMANDIBULAR JOINT	\$0.00
	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT	ψ0.00
76965	APPLICATION	\$190.71
		·
7697	REMOVAL OF INTERNAL FIXATION DEVICE FROM FACIAL BONE	\$0.00
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$30.00
	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND,	
76975	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$56.76
	ULTRASOUND BONE DENSITY MEASUREMENT AND	-
76977	INTERPRETATION,PERIPHERAL SITE(S), ANY METHOD	\$36.18
7699	OTHER	\$0.00

Procedure Code	Procedure Code Description	Rate
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$0.01
76999	UNLISTED ULTRASOUND PROCEDURE	\$0.00
7700	SEQUESTRECTOMY, UNSPECIFIED SITE	\$0.00
	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS	
77001	DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	\$63.36
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	\$36.74
	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR	
	CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR	
77003	THERAPEUT	\$29.72
	SEQUESTRECTOMY, SCAPULA, CLAVICLE, AND THORAX (RIBS	
7701	AND STERNUM)	\$0.00
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEROTACTIC	\$437.16
	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	
	PLACEMENT, RADIOLOGICAL SUPERVISION AND	
77012	INTERPRETATION	\$77.81
	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND	
77013	MONITORING OF PARENCHYMAL TISSUE ABLATION	\$0.01
	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF	•
77014	RADIATION THERAPY FIELDS	\$113.11
7702	SEQUESTRECTOMY, HUMERUS	\$0.00
	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT	
77021	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$234.06
<u>-</u>	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF	
77022	PARENCHYMAL TISSUE ABLATION	\$0.01
7703	SEQUESTRECTOMY, RADIUS AND ULNA	\$0.00
-	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY	
	OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL	
77031	SUPERVISON	\$77.61
	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT,	
	BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND	
77032	INTERPRETATION	\$24.97
7704	SEQUESTRECTOMY, CARPALS AND METACARPALS	\$0.00
7705	SEQUESTRECTOMY, FEMUR	\$0.00
	,	•
	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN	
77051	REVIEWFOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	\$5.57
	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN	*
77052	REVIEWFOR INTERPRETATION; SCREENING MAMMOGRAPHY	\$5.57
	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT,	+ -
77053	RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$22.91
	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS,	Ψ==:σ:
77054	RADIOLOGICAL SUPERVISON AND INTERPRETATION	\$45.82
77055	MAMMOGRAPHY, UNILATERAL	\$47.47
77056	MAMMOGRAPHY; BILATERAL	\$60.06
7,000	SCREENING MAMMOGRAPHY, BILATERAL, 2 VIEW FILM STUDY	Ψ50.00
77057	OF EACH BREAST	\$43.96
,,,,,,,	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR	ψ 10.00
77058	WITH CONTRAST MATERIALS, UNILATERAL	\$479.47
77000	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR	ψ-77.5.47
77059	WITH CONTRAST MATERIALS, BILATERAL	\$484.01
11000	WITH CONTINUI WATERIALO, DIEATERIAL	ψ+υ+.υ ι

Procedure Code	Procedure Code Description	Rate
7706	SEQUESTRECTOMY, PATELLA	\$0.00
7707	SEQUESTRECTOMY, TIBIA AND FIBULA	\$0.00
	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN	
77071	FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF	\$25.39
77072	BONE AGE STUDIES	\$12.59
	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM,	
77073	SCANOGRAM)	\$20.02
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED	\$38.60
	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE	
77075	(AXIAL AND APPENDICULAR SKELETON)	\$57.38
77076	RADIOLOGIC EXAMINATION , OSSEOUS SURVEY, INFANT	\$55.52
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$21.26
	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1	
77078	OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	\$101.96
	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1	***
77079	OR MORE SITES; APPENDICULAR SKELETON	\$20.64
7708	SEQUESTRECTOMY, TARSALS AND METATARSALS	\$0.00
	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY	
77080	STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$24.15
	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY	
77081	STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON	\$20.02
	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY	
77082	STUDY, 1 OR MORE SITE; VERTEBRAL FRACTURE ASSESSMENT	\$13.21
77083	RADIOGRAPHIC ABSORPTIOMETRY, 1 OR MORE SITES	\$13.00
77004	MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD	# 004 00
77084	SUPPLY	\$331.68
7709	SEQUESTRECTOMY, OTHER	\$0.00
774.0	OTHER INCISION OF BONE WITHOUT DIVISION, UNSPECIFIED	Φ0.00
7710	SITE	\$0.00
7744	OTHER INCISION OF BONE WITHOUT DIVISION, SCAPULA,	Φ0.00
7711 7712	CLAVICLE, AND THORAX (RIBS AND STERNUM) OTHER INCISION OF BONE WITHOUT DIVISION, HUMERUS	\$0.00 \$0.00
7712		\$0.00
7710	OTHER INCISION OF BONE WITHOUT DIVISION, RADIUS AND ULNA	φο οο
7713	OTHER INCISION OF BONE WITHOUT DIVISION, CARPALS AND	\$0.00
7714	METACARPALS METACARPALS	ቀለ ለለ
7714	OTHER INCISION OF BONE WITHOUT DIVISION, FEMUR	\$0.00 \$0.00
7716	OTHER INCISION OF BONE WITHOUT DIVISION, PATELLA	\$0.00
7710	OTHER INCISION OF BONE WITHOUT DIVISION, PATELLA OTHER INCISION OF BONE WITHOUT DIVISION, TIBIA AND	φυ.υυ
7717	FIBULA	\$0.00
//1/	OTHER INCISION OF BONE WITHOUT DIVISION, TARSALS AND	φυ.υυ
7718	METATARSALS METATARSALS	\$0.00
7718	OTHER INCISION OF BONE WITHOUT DIVISION, OTHER	\$0.00
7719	WEDGE OSTEOTOMY, UNSPECIFIED SITE	\$0.00
1120	WEDGE OSTEOTOMY, ONSFECIFIED SITE WEDGE OSTEOTOMY, SCAPULA, CLAVICLE, AND THORAX (RIBS	ψυ.υυ
7721	AND STERNUM)	\$0.00
7722	WEDGE OSTEOTOMY, HUMERUS	\$0.00
7723	WEDGE OSTEOTOMY, RADIUS AND ULNA	\$0.00
1120	WEDGE OUTED TOWN, HADIOU AND OLIVA	ψυ.υυ

Procedure Code	Procedure Code Description	Rate
7724	WEDGE OSTEOTOMY, CARPALS AND METACARPALS	\$0.00
7725	WEDGE OSTEOTOMY, FEMUR	\$0.00
7726	WEDGE OSTEOTOMY, PATELLA	\$0.00
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	\$42.00
	THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	
77262	INTERMEDIATE	\$60.00
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	\$78.00
7727	WEDGE OSTEOTOMY, TIBIA AND FIBULA	\$0.00
7728	WEDGE OSTEOTOMY, TARSALS AND METATARSALS	\$0.00
7729	WEDGE OSTEOTOMY, OTHER	\$0.00
	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING;	
	BY THREE DIMENSIONAL RECONSTRUCTION OF TUMOR	
77295	VOLUME	\$723.02
	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL	
77299	TREATMENT PLANNING	\$0.00
7730	OTHER DIVISION OF BONE, UNSPECIFIED SITE	\$0.00
	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS	
	DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR,	
77300	TI	\$48.00
	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING	
	DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL	
77301	STRUCTURE PAR	\$807.64
	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER	
	CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED	
77305	UNMODIFIE	\$54.00
	OTHER DIVISION OF BONE, SCAPULA, CLAVICLE, AND THORAX	
7731	(RIBS AND STERNUM)	\$0.00
	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER	
	CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT	
77310	PORTS D	\$66.00
	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER	
	CALCULATED); COMPLEX (MANTLE OR INVERTED Y,	
77315	TANGENTIAL POR	\$90.00
7732	OTHER DIVISION OF BONE, HUMERUS	\$0.00
	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY,	
77321	TOTAL BODY	\$96.00
	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE	
	(CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR	
77326	SOURCES/ RIBBON APP	\$66.00
	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE	
	(MULTIPLANE DOSAGE CALCULATIONS, APPLICATION	
77327	INVOLVING FIVE TO	\$96.00
	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX	
	(MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT	
77328	CALCULATIONS, OVER TEN SOU	\$138.00
7733	OTHER DIVISION OF BONE, RADIUS AND ULNA	\$0.00
	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY),	
77331	ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	\$36.00

Procedure Code	Procedure Code Description	Rate
	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE	
77332	(SIMPLE BLOCK, SIMPLE BOLUS)	\$42.00
	TREATMENT DEVICES, DESIGN AND CONSTRUCTION;	
	INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS,	
77333	SPECIAL BOLUS)	\$60.00
	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX	
	(IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS,	
77334	WEDGES,	\$90.00
	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN	
	SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING	
77336	CONTINUING Q	\$60.00
7734	OTHER DIVISION OF BONE, CARPALS AND METACARPALS	\$0.00
7735	OTHER DIVISION OF BONE, FEMUR	\$0.00
7736	OTHER DIVISION OF BONE, PATELLA	\$0.00
7737	OTHER DIVISION OF BONE, TIBIA AND FIBULA	\$0.00
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$66.00
	RADIATION TREATMENT DELIVERY, STEREOTACTIC	
	RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF	
77371	CEREBRAL LESION	\$627.04
	RADIATION TREATMENT DELIVERY, STEREOTACTIC	
	RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF	
77372	CEREBRAL LESION	\$475.96
	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT	
77373	DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING	\$887.52
7738	OTHER DIVISION OF BONE, TARSALS AND METATARSALS	\$0.00
7739	OTHER DIVISION OF BONE, OTHER	\$0.00
	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS,	
77399	DOSIMETRY AND TREATMENT DEVICES	\$0.00
7740	BIOPSY OF BONE, UNSPECIFIED SITE	\$0.00
	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR	
77401	ORTHO VOLTAGE	\$37.36
	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,	φσσσ
	SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	
77402	OR N	\$37.36
	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,	φσσσ
	SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	
77403	OR N	\$37.36
	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,	φονισσ
	SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	
77404	OR N	\$37.36
,, 101	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,	Ψ07.00
	SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	
77406	OR N	\$37.36
,,,,,,,	RADIATION TREATMENT DELIVERY, TWO SEPARATE	Ψ07.00
	TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE	
77407	TREATMENT AREA, US	\$44.17
11-TU1	RADIATION TREATMENT DELIVERY, TWO SEPARATE	Ψ
	TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE	
77408	TREATMENT AREA, US	\$44.17
77400	THEATIVILINI AIREA, UU	ψ 11 .17

Procedure Code	Procedure Code Description	Rate
	RADIATION TREATMENT DELIVERY, TWO SEPARATE	
	TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE	
77409	TREATMENT AREA, US	\$44.17
	BIOPSY OF BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND	
7741	STERNUM)	\$0.00
	RADIATION TREATMENT DELIVERY, TWO SEPARATE	
	TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE	
77411	TREATMENT AREA, US	\$44.17
	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE	
	TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS,	
77412	WEDGE	\$48.00
	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE	- · · · · · · · · · · · · · · · · · · ·
	TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS,	
77413	WEDGE	\$48.00
77110	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE	ψ10.00
	TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS,	
77414	WEDGE	\$48.00
7,717	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE	ψ-το.ου
	TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS,	
77416	WEDGE	\$48.00
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$12.59
77417	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR	φ12.59
	MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND	
77440		Φ000 00
77418	TEPORALLY MOD	\$333.96
7742	BIOPSY OF BONE, HUMERUS	\$0.00
	CTEREOCOORIO V RAVIOURANCE FOR LOCALIZATION OF	
77404	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF	Φ00.50
77421	TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	\$82.56
	LUCLI ENERGY NEUTRON BARIATION TREATMENT RELIVERY	
77.400	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY;	407.00
77422	SINGLE TREATMENT AREA USING A SINGLE PORT OR PARALLEL	\$37.98
	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1	
	OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR	
77423	GEOMETR	\$49.33
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	\$92.88
7743	BIOPSY OF BONE, RADIUS AND ULNA	\$0.00
_	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE	
77431	OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	\$54.00
	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF	
77432	CEREBRAL LESION(S)	\$275.75
	STEROTACTIC BODY RADIATION THERAPY, TREATMENT	
	MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE	
77435	LESIONS,	\$377.71
7744	BIOPSY OF BONE, CARPALS AND METACARPALS	\$0.00
7745	BIOPSY OF BONE, FEMUR	\$0.00
7746	BIOPSY OF BONE, PATELLA	\$0.00
7747	BIOPSY OF BONE, TIBIA AND FIBULA	\$0.00
	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY	
	IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL	
77470	CONE IRRADIAT	\$240.00
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Procedure Code	Procedure Code Description	Rate
7748	BIOPSY OF BONE, TARSALS AND METATARSALS	\$0.00
7749	BIOPSY OF BONE, OTHER	\$0.00
	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY	
77499	TREATMENT MANAGEMENT	\$0.00
	EXCISION AND REPAIR OF BUNION AND OTHER TOE	
775	DEFORMITIES	\$0.00
	BUNIONECTOMY WITH SOFT TISSUE CORRECTION AND	
7751	OSTEOTOMY OF THE FIRST METATARSAL	\$0.00
	BUNIONECTOMY WITH SOFT TISSUE CORRECTION AND	
7752	ARTHRODESIS	\$0.00
	PROTON BEAM DELIVERY TO A SINGLE TREATMENT AREA,	
	SINGLEPORT, CUSTOM BLOCK, W/ OR W/OUT COMPENSATIN,	
77520	W/TREATMEN	\$0.00
77500	PROTON TREATMENT RELIVERY, CIMPLE WITH COMPENCATION	Φ0.00
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	\$0.00
	PROTON BEAM DELIVERY TO ONE OR TWO TREATMENT AREAS,	
77500	TWO OR MORE PORTS, TWO OR MORE CUSTOM BLOCKS AND	Φ0.00
77523	TWO OR MO	\$0.00
77525	PROTON TREATMENT DELIVERY; COMPLEX	\$0.00
7753	OTHER BUNIONECTOMY WITH SOFT TISSUE CORRECTION	\$0.00
7754	EXCISION OR CORRECTION OF BUNIONETTE	\$0.00
7756	REPAIR OF HAMMER TOE	\$0.00
7757	REPAIR OF CLAW TOE	\$0.00
7758	OTHER EXCISION, FUSION AND REPAIR OF TOES	\$0.00
7759	OTHER BUNIONECTOMY	\$0.00
	LOCAL EXCISION OF LESION OR TISSUE OF BONE, UNSPECIFIED	
7760	SITE	\$0.00
77000	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE,	400.00
77600	HEATING TO A DEPTH OF 4 CM OR LESS)	\$96.00
77005	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING	.
77605	TO DEPTHS GREATER THAN 4 CM)	\$126.00
	LOCAL EXCISION OF LESION OR TISSUE OF BONE, SCAPULA,	
7761	CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR	
77610	FEWER INTERSTITIAL APPLICATORS	\$96.00
	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE	
77615	THAN 5 INTERSTITIAL APPLICATORS	\$126.00
7762	LOCAL EXCISION OF LESION OR TISSUE OF BONE, HUMERUS	\$0.00
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$96.00
	LOCAL EXCISION OF LESION OR TISSUE OF BONE, RADIUS AND	.
7763	ULNA	\$0.00
	LOCAL EXCISION OF LESION OR TISSUE OF BONE, CARPALS	
7764	AND METACARPALS	\$0.00
7765	LOCAL EXCISION OF LESION OR TISSUE OF BONE, FEMUR	\$0.00
7766	LOCAL EXCISION OF LESION OR TISSUE OF BONE, PATELLA	\$0.00
	LOCAL EXCISION OF LESION OR TISSUE OF BONE, TIBIA AND	
7767	FIBULA	\$0.00
	LOCAL EXCISION OF LESION OR TISSUE OF BONE, TARSALS	
7768	AND METATARSALS	\$0.00
7769	LOCAL EXCISION OF LESION OR TISSUE OF BONE, OTHER	\$0.00
7770	EXCISION OF BONE FOR GRAFT, UNSPECIFIED SITE	\$0.00

Procedure Code	Procedure Code Description	Rate
	EXCISION OF BONE FOR GRAFT, SCAPULA, CLAVICLE, AND	
7771	THORAX (RIBS AND STERNUM)	\$0.00
7772	EXCISION OF BONE FOR GRAFT, HUMERUS	\$0.00
7773	EXCISION OF BONE FOR GRAFT, RADIUS AND ULNA	\$0.00
	·	·
7774	EXCISION OF BONE FOR GRAFT, CARPALS AND METACARPALS	\$0.00
7775	EXCISION OF BONE FOR GRAFT, FEMUR	\$0.00
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	\$138.00
7776	EXCISION OF BONE FOR GRAFT, PATELLA	\$0.00
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	\$138.00
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	\$162.00
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	\$300.00
7777	EXCISION OF BONE FOR GRAFT, TIBIA AND FIBULA	\$0.00
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	\$162.00
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	\$270.00
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	\$360.00
7778	EXCISION OF BONE FOR GRAFT, TARSALS AND METATARSALS	\$0.00
	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE	
77785	BRACHYTHERAPY; 1 CHANNEL	\$106.50
	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE	
77786	BRACHYTHERAPY; 2-12 CHANNELS	\$254.28
	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE	
77787	BRACHYTHERAPY; OVER 12 CHANNELS	\$441.28
77789	SURFACE APPLICATION OF RADIOELEMENT	\$42.00
7779	EXCISION OF BONE FOR GRAFT, OTHER	\$0.00
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	\$0.00
7780	OTHER PARTIAL OSTECTOMY, UNSPECIFIED SITE	\$0.00
	OTHER PARTIAL OSTECTOMY, SCAPULA, CLAVICLE, AND	*
7781	THORAX (RIBS AND STERNUM)	\$0.00
7782	OTHER PARTIAL OSTECTOMY, HUMERUS	\$0.00
7783	OTHER PARTIAL OSTECTOMY, RADIUS AND ULNA	\$0.00
7784	OTHER PARTIAL OSTECTOMY, CARPALS AND METACARPALS	\$0.00
7785	OTHER PARTIAL OSTECTOMY, FEMUR	\$0.00
7786	OTHER PARTIAL OSTECTOMY, PATELLA	\$0.00
7787	OTHER PARTIAL OSTECTOMY, TIBIA AND FIBULA OTHER PARTIAL OSTECTOMY, TARSALS AND METATARSALS	\$0.00
7788 7789	OTHER PARTIAL OSTECTOMY, TARSALS AND METATARSALS OTHER PARTIAL OSTECTOMY, OTHER	\$0.00
7790	TOTAL OSTECTOMY, UNSPECIFIED SITE	\$0.00 \$0.00
1130	TOTAL OSTECTOMY, UNSPECIFIED SITE TOTAL OSTECTOMY, SCAPULA, CLAVICLE, AND THORAX (RIBS	\$0.00
7791	AND STERNUM)	\$0.00
7792	TOTAL OSTECTOMY, HUMERUS	\$0.00
7793	TOTAL OSTECTOMY, HOMEROS TOTAL OSTECTOMY, RADIUS AND ULNA	\$0.00
7794	TOTAL OSTECTOMY, CARPALS AND METACARPALS	\$0.00
7795	TOTAL OSTECTOMY, FEMUR	\$0.00
7796	TOTAL OSTECTOMY, PATELLA	\$0.00
7797	TOTAL OSTECTOMY, TIBIA AND FIBULA	\$0.00
7798	TOTAL OSTECTOMY, TARSALS AND METATARSALS	\$0.00
7799	TOTAL OSTECTOMY, OTHER	\$0.00
7800	BONE GRAFT, UNSPECIFIED SITE	\$0.00
, 555	20.12 0.11 1, 0.10. 20. 125 0.12	Ψ0.00

78000 THYROID UPTAKE; SINGLE DETERMINATION 78001 THYROID UPTAKE; MULTIPLE DETERMINATION THYROID UPTAKE; STIMULATION, SUPPRESSION OR E 78003 (NOT INCLUDING INITIAL UPTAKE STUDIES) 78006 THYROID IMAGING, WITH UPTAKE; SINGLE DETERM 78007 THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERM BONE GRAFT, SCAPULA, CLAVICLE, AND THORAX (F	NS \$30.00 DISCHARGE) \$30.00
THYROID UPTAKE; STIMULATION, SUPPRESSION OR E 78003 (NOT INCLUDING INITIAL UPTAKE STUDIES) 78006 THYROID IMAGING, WITH UPTAKE; SINGLE DETERM 78007 THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERM BONE GRAFT, SCAPULA, CLAVICLE, AND THORAX (F	DISCHARGE) \$30.00
78003 (NOT INCLUDING INITIAL UPTAKE STUDIES) 78006 THYROID IMAGING, WITH UPTAKE; SINGLE DETERM 78007 THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERM BONE GRAFT, SCAPULA, CLAVICLE, AND THORAX (F	\$30.00
78006 THYROID IMAGING, WITH UPTAKE; SINGLE DETERM 78007 THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERM BONE GRAFT, SCAPULA, CLAVICLE, AND THORAX (F	
78007 THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERM BONE GRAFT, SCAPULA, CLAVICLE, AND THORAX (F	MINATION \$65.64
BONE GRAFT, SCAPULA, CLAVICLE, AND THORAX (F	
BONE GRAFT, SCAPULA, CLAVICLE, AND THORAX (F	
· · · · · · · · · · · · · · · · · · ·	MINATIONS \$66.00
7901 CTEDNI IM	RIBS AND
	\$0.00
78010 THYROID IMAGING; ONLY	\$48.00
78011 THYROID IMAGING; WITH VASCULAR FLOW	
THYROID CARCINOMA METASTASES IMAGING; LIMIT	TED AREA
78015 (EG, NECK AND CHEST ONLY)	\$66.00
THYROID CARCINOMA METASTASES IMAGING;	WITH
78016 ADDITIONAL STUDIES (EG, URINARY RECOVE	RY) \$78.00
78018 THYROID CARCINOMA METASTASES IMAGING; WHO	DLE BODY \$126.00
7802 BONE GRAFT, HUMERUS	\$0.00
78020 THYROID CARCINOMA METASTASES UPTAK	E \$52.84
7803 BONE GRAFT, RADIUS AND ULNA	\$0.00
7804 BONE GRAFT, CARPALS AND METACARPAL	S \$0.00
7805 BONE GRAFT, FEMUR	\$0.00
7806 BONE GRAFT, PATELLA	\$0.00
7807 BONE GRAFT, TIBÍA AND FIBULA	\$0.00
78070 PARATHYROID IMAGING	\$54.00
78075 ADRENAL IMAGING, CORTEX AND/OR MEDUL	
7808 BONE GRAFT, TARSALS AND METATARSALS	
7809 BONE GRAFT, OTHER	\$0.00
UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC N	
78099 MEDICINE	\$0.00
7810 APPLICATION OF EXTERNAL DEVICE, UNSPECIFIE	
78102 BONE MARROW IMAGING; LIMITED AREA	\$54.00
78103 BONE MARROW IMAGING; MULTIPLE AREAS	S \$72.00
78104 BONE MARROW IMAGING; WHOLE BODY	\$90.00
APPLICATION OF EXTERNAL FIXATION DEVICE, SC	CAPULA,
7811 CLAVICLE, AND THORAX (RIBS AND STERNU	•
PLASMA VOLUME, RADIONUCLIDE VOLUME-DILL	JŤION
78110 TECHNIQUE (SEPARATE PROCEDURE); SINGLE SA	MPLING \$24.00
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PLASMA VOLUME, RADIONUCLIDE VOLUME-DILL	JTION
78111 TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SA	AMPLINGS \$54.00
7812 APPLICATION OF EXTERNAL FIXATION DEVICE, HL	
RED CELL VOLUME DETERMINATION (SEPARATE PRO	
78120 SINGLE SAMPLING	\$42.00
RED CELL VOLUME DETERMINATION (SEPARATE PRO	
78121 MULTIPLE SAMPLINGS	\$60.00
WHOLE BLOOD VOLUME DETERMINATION, INCLU	
SEPARATE MEASUREMENT OF PLASMA VOLUME AND	
78122 VOLUME (RADIONU	\$90.00
APPLICATION OF EXTERNAL FIXATION DEVICE, RAD	
7813 ULNA	\$0.00
78130 RED CELL SURVIVAL STUDY;	\$66.00

Procedure Code	Procedure Code Description	Rate
	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE	
78135	KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	\$96.00
	APPLICATION OF EXTERNAL FIXATION DEVICE, CARPALS AND	
7814	METACARPALS	\$0.00
	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL	
78140	ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	\$78.00
7815	APPLICATION OF EXTERNAL FIXATION DEVICE, FEMUR	\$0.00
7816	APPLICATION OF EXTERNAL FIXATION DEVICE, PATELLA	\$0.00
	APPLICATION OF EXTERNAL FIXATION DEVICE, TIBIA AND	
7817	FIBULA	\$0.00
	APPLICATION OF EXTERNAL FIXATION DEVICE, TARSALS AND	
7818	METATARSALS	\$0.00
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$60.00
7819	APPLICATION OF EXTERNAL FIXATION DEVICE, OTHER	\$0.00
	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT	*
78190	DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	\$126.00
78191	PLATELET SURVIVAL STUDY	\$138.00
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	\$90.00
	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND	
78199	LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
7820	LIMB SHORTENING PROCEDURE, UNSPECIFIED SITE	\$0.00
78201	LIVER IMAGING; STATIC ONLY	\$80.00
78202	LIVER IMAGING; WITH VASCULAR FLOW	\$80.00
78205	LIVER IMAGING (SPECT)	\$126.00
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$306.71
	EPIPHYSEAL STAPLING, SCAPULA, CLAVICLE, AND THORAX	
7821	(RIBS AND STERNUM)	\$0.00
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$80.00
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$72.00
7822	LIMB SHORTENING PROCEDURES, HUMERUS	\$0.00
	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH	
78220	SERIAL IMAGES	\$78.00
	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING	
	GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC	
78223	INTERVENTION, WITH O	\$90.00
7823	LIMB SHORTENING PROCEDURES, RADIUS AND ULNA	\$0.00
78230	SALIVARY GLAND IMAGING;	\$80.00
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$72.00
78232	SALIVARY GLAND FUNCTION STUDY	\$72.00
7004	LIMB SHORTENING PROCEDURES, CARPALS AND	00.00
7824	METACARPALS	\$0.00
7825	LIMB SHORTENING PROCEDURES, FEMUR	\$0.00
7826	EPIPHYSEAL STAPLING, PATELLA	\$0.00
78261	GASTRIC MUCOSA IMAGING	\$90.00
78262	GASTROESOPHAGEAL REFLUX STUDY	\$90.00
78264	GASTRIC EMPTYING STUDY	\$90.00
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	\$6.59
78268	UREA BREATH TEST, C-14; ANALYSIS	\$56.47
7827	LIMB SHORTENING PROCEDURES, TIBIA AND FIBULA	\$0.00

VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR \$39.01 VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH RITRINSIC FACTOR \$41.07 VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH RITRINSIC FACTOR \$41.07 VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND VITAMIN B-12 ABSORPTION SON BONE, AND ON BONE, CAPILLA, SO.00 VITAMIN B-12 ABSORPTION SON BONE, CAPILLA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 VITAMIN B-12 ABSORPTION SON BONE, CAPILLA, SO.00 VITAMIN B-12 ABSORPTION SON BONE, CAPILLA, SO.00 VITAMIN B-12 ABSORPTION SON BONE, CAPILLA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 VITAMIN B-12 ABSORPTION SON BONE, CAPILLA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 VITAMIN B-12 ABSORPTION SON BONE, CAPA	Procedure Code	Procedure Code Description	Rate
VITAMIN B-12 ABSORPTION STUDY (EG. SCHILLING TEST); WITH INTRINSIC FACTOR		VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST);	
TRINSIC FACTOR	78270		\$39.01
VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR \$48.00 78278 ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING \$108.00 7828 LIMB SHORTENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7829 LIMB SHORTENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7829 LIMB SHORTENING PROCEDURES, OTHER \$0.00 78290 LIMB SHORTENING PROCEDURES, OTHER \$0.00 78290 PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT) \$72.00 UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE \$0.00 7830 LIMB LENGTHENING PROCEDURES, UNSPECIFIED SITE \$0.00 78300 BONE AND/OR JOINT IMAGING; MULTIPLE AREAS \$103.61 78306 BONE AND/OR JOINT IMAGING; MULTIPLE AREAS \$103.61 78306 BONE AND/OR JOINT IMAGING; MULTIPLE AREAS \$103.61 78315 BONE AND/OR JOINT IMAGING; THERE PHASE STUDY \$126.00 7832 LIMB LENGTHENING PROCEDUREDS, HUMERUS \$0.00 78320 BONE AND/OR JOINT IMAGING; THREE PHASE STUDY \$126.00 78320 BONE AND/OR JOINT IMAGING; THREE PHASE STUDY \$126.00 78321 LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA \$0.00 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 ROPE SITE; SINGLE PHOTON ABSORPTIOMETRY \$21.60 7833 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 ROPE SITE; SINGLE PHOTON ABSORPTIOMETRY \$21.60 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 MORE SITES; SINGLE PHOTON ABSORPTIOMETRY \$21.60 CHARGE OF THE PHOTON ABSORPTION ON BONE, \$21.60 CHA		· · · · · · · · · · · · · · · · · · ·	
78272 WITHOUT INTRINSIC FACTOR \$48.00 78278 ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING \$108.00 7828 LIMB SHORTENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7829 LIMB SHORTENING PROCEDURES, OTHER \$0.00 80WEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS) \$72.00 PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT) \$72.00 UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE \$0.00 78299 UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC \$0.00 78300 LIMB LENGTHENING PROCEDURES, UNSPECIFIED SITE \$0.00 78300 BONE AND/OR JOINT IMAGING; LIMITED AREA \$84.00 78305 BONE AND/OR JOINT IMAGING; WHOLE BODY \$117.24 78316 BONE AND/OR JOINT IMAGING; WHOLE BODY \$117.24 78317 THORAX (RIBS AND STERNUM) \$0.00 78320 BONE AND/OR JOINT IMAGING; THREE PHASE STUDY \$126.00 78321 LIMB LENGTHENING PROCEDURES, HUMERUS \$0.00 78322 LIMB LENGTHENING PROCEDURES, HUMERUS \$0.00 78323 LIMB LENGTHENING PROCEDURES, HUMERUS \$0.00 78324 LIMB LENGTHENING PROCEDURES, HUMERUS \$0.00 7833 LIMB LENGTHENING PROCEDURES, HUMERUS \$0.00 7834 METACARPALS \$0.00 7835 LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA \$0.00 80NE OENSITY (BONE MINERAL CONTENT) STUDY, ONE OR 7835 MORE SITES; SINGLE PHOTON ABSORPTIOMETRY \$21.60 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGTHENING PROCEDURES, TARSALS AND METACARPALS \$0.00 LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS \$0.00 UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE \$0.00 THER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS AND METACARPALS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS AND METACARPAL	78271		\$41.07
78278		·	
T828	78272		\$48.00
TRESP	78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$108.00
TRESP			
BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS) \$72.00			
TREADY PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT) \$72.00	7829		\$0.00
PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)			
DENVER SHUNT) \$72.00	78290	LOCALIZATION, VOLVULUS)	\$72.00
VINLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE \$0.00		PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN,	
78299 NUCLEAR MEDICINE \$0.00 78300 LIMB LENGTHENING PROCEDURES, UNSPECIFIED SITE \$0.00 78300 BONE AND/OR JOINT IMAGING; LIMITED AREA \$84.00 78305 BONE AND/OR JOINT IMAGING; MULTIPLE AREAS \$103.61 78306 BONE AND/OR JOINT IMAGING; WHOLE BODY \$117.24 OTHER CHANGE IN BONE LENGTH, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7831 THORAX (RIBS AND STERNUM) \$0.00 78315 BONE AND/OR JOINT IMAGING; THREE PHASE STUDY \$126.00 78320 BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) \$126.00 78321 LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA \$0.00 78322 BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) \$126.00 7833 LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA \$0.00 7834 METACARPALS \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGTHENING PROCEDURES, TIBIA AND FIBULA <	78291		\$72.00
T830		UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC	
78300 BONE AND/OR JOINT IMAGING; LIMITED AREA \$84.00 78305 BONE AND/OR JOINT IMAGING; MULTIPLE AREAS \$103.61 78306 BONE AND/OR JOINT IMAGING; WHOLE BODY \$117.24 OTHER CHANGE IN BONE LENGTH, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 78315 BONE AND/OR JOINT IMAGING; THREE PHASE STUDY \$126.00 78320 BONE AND/OR JOINT IMAGING; THREE PHASE STUDY \$126.00 78320 BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) \$126.00 7833 LIMB LENGTHENING PROCEDUREDS, HUMERUS \$0.00 7833 LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA \$0.00 LIMB LENGTHENING PROCEDURES, CARPALS AND METACARPALS \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 78350 MORE SITES; SINGLE PHOTON ABSORPTIOMETRY \$21.60 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGTHENING PROCEDURES, TIBIA AND FIBULA \$0.00 1838 LIMB LENGTHENING PROCEDURES, TIBIA AND FIBULA \$0.00 1839 LIMB LENGTHENING PROCEDURES, THEA AND FIBULA \$0.00 1839 LIMB LENGTHENING PROCEDURES, THEA AND FIBULA \$0.00 0 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPAL	78299	NUCLEAR MEDICINE	\$0.00
78305 BONE AND/OR JOINT IMAGING; MULTIPLE AREAS \$103.61 78306 BONE AND/OR JOINT IMAGING; WHOLE BODY \$117.24 OTHER CHANGE IN BONE LENGTH, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7831 THORAX (RIBS AND STERNUM) \$0.00 78315 BONE AND/OR JOINT IMAGING; THREE PHASE STUDY \$126.00 78320 BONE AND/OR JOINT IMAGING; THREE PHASE STUDY \$126.00 78320 BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) \$126.00 78331 LIMB LENGTHENING PROCEDUREDS, HUMERUS \$0.00 78332 LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA \$0.00 78333 LIMB LENGTHENING PROCEDURES, CARPALS AND METACARPALS \$0.00 7834 METACARPALS \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 7836 BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR \$0.00 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7838 MELING PROCEDURES, TARSALS AND METATARSALS \$0.00 7839 LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER \$0.00 7840 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE \$0.00 7840 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 7843 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 7844 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 7844 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 7845 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 7846 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 7847 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 7848 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 7849 OTHER REPAIR OR PLASTIC OPERATIONS ON BON	7830	LIMB LENGTHENING PROCEDURES, UNSPECIFIED SITE	\$0.00
T8306 BONE AND/OR JOINT IMAGING; WHOLE BODY \$117.24	78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$84.00
OTHER CHANGE IN BONE LENGTH, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00	78305		\$103.61
7831 THORAX (RIBS AND STERNUM) \$0.00 78315 BONE AND/OR JOINT IMAGING; THREE PHASE STUDY \$126.00 7832 LIMB LENGTHENING PROCEDURES, HUMERUS \$0.00 78320 BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) \$126.00 7833 LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA \$0.00 7834 METACARPALS \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 7835 BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR \$0.00 78350 MORE SITES; SINGLE PHOTON ABSORPTIOMETRY \$21.60 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGTHENING PROCEDURES, TIBIA AND FIBULA \$0.00 7838 METATARSALS \$0.00 7839 LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER \$0.00 7840 UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC \$0.00 7840 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLA	78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$117.24
78315 BONE AND/OR JOINT IMAGING; THREE PHASE STUDY \$126.00 7832 LIMB LENGTHENING PROCEDUREDS, HUMERUS \$0.00 78320 BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) \$126.00 7833 LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA \$0.00 LIMB LENGTHENING PROCEDURES, CARPALS AND \$0.00 7834 METACARPALS \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 7835 MORE SITES; SINGLE PHOTON ABSORPTIOMETRY \$21.60 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGTHENING PROCEDURES, TIBIA AND FIBULA \$0.00 7838 METATARSALS \$0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER \$0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER \$0.00 7840 UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC \$0.00 7840 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 </td <td></td> <td>OTHER CHANGE IN BONE LENGTH, SCAPULA, CLAVICLE, AND</td> <td></td>		OTHER CHANGE IN BONE LENGTH, SCAPULA, CLAVICLE, AND	
7832 LIMB LENGTHENING PROCEDUREDS, HUMERUS \$0.00 78320 BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) \$126.00 7833 LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA \$0.00 LIMB LENGTHENING PROCEDURES, CARPALS AND METACARPALS \$0.00 7834 METACARPALS \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 78350 BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY \$21.60 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGTHENING PROCEDURES, TIBIA AND FIBULA \$0.00 7838 LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER \$0.00 78399 UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE \$0.00 7840 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE \$0.00 7841 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 7843 OTHER REPAIR OR PLAS	7831	THORAX (RIBS AND STERNUM)	\$0.00
78320 BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) \$126.00 7833 LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA \$0.00 7834 LIMB LENGTHENING PROCEDURES, CARPALS AND \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 7835 BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR \$0.00 7835 MORE SITES; SINGLE PHOTON ABSORPTIOMETRY \$21.60 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGTHENING PROCEDURES, TIBIA AND FIBULA \$0.00 LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7838 LIMB LENGTHENING PROCEDURES, OTHER \$0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER \$0.00 7849 UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC \$0.00 7840 UNSPECIFIED SITE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 78428 CARDIAC SHUNT DETE	78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$126.00
T833 LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA LIMB LENGTHENING PROCEDURES, CARPALS AND METACARPALS SO.00 T834 METACARPALS SO.00 T835 LIMB LENGTHENING PROCEDURES, FEMUR BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY S21.60 T836 OTHER CHANGE IN BONE LENGTH, PATELLA SO.00 T837 LIMB LENGTHENING PROCEDURES, TIBIA AND FIBULA LIMB LENGTHENING PROCEDURES, TIBIA AND FIBULA LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS METATARSALS METATARSALS TARSALS METATARSALS OTHER POSCEDURES, OTHER UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE SO.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS CARDIAC SHUNT DETECTION OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	7832	LIMB LENGTHENING PROCEDUREDS, HUMERUS	\$0.00
LIMB LENGTHENING PROCEDURES, CARPALS AND METACARPALS \$0.00 7835	78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$126.00
7834 METACARPALS \$0.00 7835 LIMB LENGTHENING PROCEDURES, FEMUR \$0.00 80NE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY \$21.60 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGTHENING PROCEDURES, TIBIA AND FIBULA \$0.00 LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7838 LIMB LENGTHENING PROCEDURES, OTHER \$0.00 VINISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC \$0.00 78399 NUCLEAR MEDICINE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 78428 CARDIAC SHUNT DETECTION \$60.00 7843 AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, \$0.00 <td>7833</td> <td>LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA</td> <td>\$0.00</td>	7833	LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA	\$0.00
T835 LIMB LENGTHENING PROCEDURES, FEMUR BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY \$21.60 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGHTHENING PROCEDURES, TIBIA AND FIBULA LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7838 METATARSALS \$0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS 78428 CARDIAC SHUNT DETECTION OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS 80.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,		LIMB LENGTHENING PROCEDURES, CARPALS AND	
BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY \$21.60 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGHTHENING PROCEDURES, TIBIA AND FIBULA \$0.00 LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7838 METATARSALS \$0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS 7843 CARDIAC SHUNT DETECTION OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	7834		\$0.00
78350 MORE SITE'S; SINGLE PHOTON ABSORPTIOMETRY 7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGHTHENING PROCEDURES, TIBIA AND FIBULA \$0.00 LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7838 METATARSALS \$0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER \$0.00 UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 7842 CARDIAC SHUNT DETECTION \$60.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	7835	LIMB LENGTHENING PROCEDURES, FEMUR	\$0.00
7836 OTHER CHANGE IN BONE LENGTH, PATELLA \$0.00 7837 LIMB LENGHTHENING PROCEDURES, TIBIA AND FIBULA \$0.00 LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS \$0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER \$0.00 UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, \$0.00		BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR	
T837 LIMB LENGHTHENING PROCEDURES, TIBIA AND FIBULA LIMB LENGTHENING PROCEDURES, TARSALS AND RETATARSALS SO.00 RETATARSALS LIMB LENGTHENING PROCEDURES, OTHER UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS CARDIAC SHUNT DETECTION OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	78350	MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	\$21.60
LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS METATARSALS S0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS CARDIAC SHUNT DETECTION OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	7836	OTHER CHANGE IN BONE LENGTH, PATELLA	\$0.00
7838 METATARSALS \$0.00 7839 LIMB LENGTHENING PROCEDURES, OTHER \$0.00 UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 78428 CARDIAC SHUNT DETECTION \$60.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	7837	LIMB LENGHTHENING PROCEDURES, TIBIA AND FIBULA	\$0.00
T839 LIMB LENGTHENING PROCEDURES, OTHER UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE NUCLEAR MEDICINE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE S0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) T842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS T8428 CARDIAC SHUNT DETECTION OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,		LIMB LENGTHENING PROCEDURES, TARSALS AND	
UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE S0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE S0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS 78428 CARDIAC SHUNT DETECTION OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS 7844 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	7838	METATARSALS	\$0.00
78399 NUCLEAR MEDICINE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS 78428 CARDIAC SHUNT DETECTION OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA 7843 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	7839		\$0.00
OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 78428 CARDIAC SHUNT DETECTION \$60.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,			
7840 UNSPECIFIED SITE \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 78428 CARDIAC SHUNT DETECTION \$60.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	78399		\$0.00
OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 78428 CARDIAC SHUNT DETECTION \$60.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,		· · · · · · · · · · · · · · · · · · ·	
7841 CLAVICLE, AND THORAX (RIBS AND STERNUM) \$0.00 7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 78428 CARDIAC SHUNT DETECTION \$60.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	7840		\$0.00
7842 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS \$0.00 78428 CARDIAC SHUNT DETECTION \$60.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,		· ·	
78428 CARDIAC SHUNT DETECTION \$60.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	7841	CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
78428 CARDIAC SHUNT DETECTION \$60.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,			
OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,			•
7843 AND ULNA \$0.00 OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	78428		\$60.00
OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS 7844 AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,		·	
7844 AND METACARPALS \$0.00 NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	7843		\$0.00
NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,		· · · · · · · · · · · · · · · · · · ·	
· ·	7844	AND METACARPALS	\$0.00
78445 VENOGRAPHY) \$54.00		` '	
	78445	VENOGRAPHY)	\$54.00

Procedure Code	Procedure Code Description	Rate
7845	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, FEMUR	\$0.00
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$115.58
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$66.00
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	\$90.00
70400	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY	φου.σσ
78459	(PET), METABOLIC EVALUATION	\$0.00
7846	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, PATELLA	\$0.00
	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY,	
78460	AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	\$66.00
	MYOCARDIAL PERFUSION IMAGING; MULTIPLE	·
	STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR	
78461	PHARMACOLOGIC)	\$114.00
	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT),	
	SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR	
78464	PHARMACOLOG	\$150.00
	MAYOCARRIAL REPELICION IMACINO, TOMOCRARIUO (CRECT)	
70405	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT),	#040.00
78465	MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE	\$240.00
78466	OR QUANTITATIVE	\$66.00
70400	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION	φου.υυ
78468	FRACTION BY FIRST PASS TECHNIQUE	\$78.00
	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC	ψ, σ.σσ
78469	SPECT WITH OR WITHOUT QUANTIFICATION	\$114.00
	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, TIBIA AND	
7847	FIBULA	\$0.00
	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE	
	STUDY AT REST, WALL MOTION STUDY PLUS EJECTION	
78472	FRACTION,	\$126.00
	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM;	
	MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION	
78473	FRACTION, RES	\$162.00
	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION,	
78478	QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	\$48.00
70470	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, TARSALS	\$4 6.00
7848	AND METATARSALS	\$0.00
7040	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION	ψ0.00
	(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	
78480	PROCEDURE)	\$48.00
	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS	
78481	TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	\$114.00
	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS	
	TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS	
78483	(EXERCISE	\$162.00
7849	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, OTHER	\$0.00
70.404	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY	40.00
78491	(PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	\$0.00

Procedure Code	Procedure Code Description	Rate
	MYCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY	
	(PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR	
78492	STRESS	\$0.00
	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT,	
	AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	
78494	WITH	\$159.55
	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE	
	STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION	
78496	FRACTION	\$167.18
	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC	
78499	NUCLEAR MEDICINE	\$0.00
	INTERNAL FIXATION OF BONE WITHOUT FRACTURE	
7850	REDUCTION, UNSPECIFIED SITE	\$0.00
	INTERNAL FIXATION OF BONE WITHOUT FRACTURE	
	REDUCTION, SCAPULA, CLAVICLE, AND THORAX (RIBS &	
7851	STERNUM)	\$0.00
	INTERNAL FIXATION OF BONE WITHOUT FRACTURE	
7852	REDUCTION, HUMERUS	\$0.00
	INTERNAL FIXATION OF BONE WITHOUT FRACTURE	
7853	REDUCTION, RADIUS AND ULNA	\$0.00
7054	INTERNAL FIXATION OF BONE WITHOUT FRACTURE	40.00
7854	REDUCTION, CARPALS AND METACARPALS	\$0.00
7055	INTERNAL FIXATION OF BONE WITHOUT FRACTURE	40.00
7855	REDUCTION, FEMUR	\$0.00
7050	INTERNAL FIXATION OF BONE WITHOUT FRACTURE	Φ0.00
7856	REDUCTION, PATELLA INTERNAL FIXATION OF BONE WITHOUT FRACTURE	\$0.00
7057	REDUCTION, TIBIA AND FIBULA	ΦΩ ΩΩ
7857	INTERNAL FIXATION OF BONE WITHOUT FRACTURE	\$0.00
7858	REDUCTION, TARSALS AND METATARSALS	\$0.00
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	\$95.77
70000	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH	φ93.77
78584	VENTILATION; SINGLE BREATH	\$78.00
70304	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH	φ/0.00
	VENTILATION; REBREATHING AND WASHOUT, WITH OR	
78585	WITHOUT SINGLE BR	\$126.00
70000	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE	Ψ120.00
78586	PROJECTION	\$60.00
70000	THOUSTION	ψου.σο
	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE	
78587	PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	\$66.00
. 5557	PULMONY PERFUSION IMAGING PARTICULATE WITH	Ψ00.00
78588	VENTILATION IMAGING	\$149.64
	INTERNAL FIXATION OF BONE WITHOUT FRACTURE	Ţ
7859	REDUCTION, OTHER	\$0.00
1 3 3 3 3	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE	Ψ0.00
78591	BREATH, SINGLE PROJECTION	\$66.00
	PULMONARY VENTILATION IMAGING, GASEOUS, WITH	+ 30.00
	REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE	
78593	BREATH; SINGLE PRO	\$72.00
	·	

Procedure Code	Procedure Code Description	Rate
	PULMONARY VENTILATION IMAGING, GASEOUS, WITH	
	REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE	
78594	BREATH; MULTIPLE P	\$96.00
	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION	
78596	(VENTILATION/PERFUSION) STUDY	\$150.00
	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR	
78599	MEDICINE	\$0.00
	REMOVAL OF IMPLANTED DEVICES FROM BONE, UNSPECIFIED	
7860	SITE	\$0.00
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	\$80.00
-		
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	\$87.93
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	\$88.55
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	\$101.76
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	\$120.00
	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET);	
78608	METABOLIC EVALUATION	\$0.01
	REMOVAL OF IMPLANTED DEVICES FROM BONE, SCAPULA,	
7861	CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	\$42.00
7862	REMOVAL OF IMPLANTED DEVICES FROM BONE, HUMERUS	\$0.00
=	REMOVAL OF IMPLANTED DEVICES FROM BONE, RADIUS AND	
7863	ULNA	\$0.00
=	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING	*
78630	INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	\$108.00
70005	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING	400.00
78635	INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	\$66.00
7004	REMOVAL OF IMPLANTED DEVICES FROM BONE, CARPALS AND	# 0.00
7864	METACARPALS	\$0.00
70045	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING	Φ 7 0.00
78645	INTRODUCTION OF MATERIAL); SHUNT EVALUATION	\$72.00
70047	CEREBROSPINAL FLUID FLOW, IMAGING; TOMOGRAPHIC	4.54.04
78647	(SPECT)	\$151.91
7865	REMOVAL OF IMPLANTED DEVICES FROM BONE, FEMUR	\$0.00
78650	CSF LEAKAGE DETECTION AND LOCALIZATION REMOVAL OF IMPLANTED DEVICES FROM BONE, PATELLA	\$96.00
7866 78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	\$0.00
70000	REMOVAL OF IMPLANTED DEVICES FROM BONE, TIBIA AND	\$54.00
7867	FIBULA	\$0.00
7007	REMOVAL OF IMPLANTED DEVICES FROM BONE, TARSALS AND	φυ.υυ
7868	METATARSALS	\$0.00
7869	REMOVAL OF IMPLANTED DEVICES FROM BONE, OTHER	\$0.00
7008	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC	φυ.υυ
78699	NUCLEAR MEDICINE	\$0.00
7870	OSTEOCLASIS, UNSPECIFIED SITE	\$0.00
78700	KIDNEY IMAGING; STATIC ONLY	\$80.00
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	\$90.40
70701	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION;	ψυυ.τυ
78707	SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	\$120.00
70707	SHALL STODE WITHOUT THAT WAS CONTRACT INTERVENTION	ψ120.00

Procedure Code	Procedure Code Description	Rate
	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION;	
	SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG,	
78708	ANGIOTEN	\$128.38
	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION;	
78709	MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL	\$132.51
	OSTEOCLASIS, SCAPULA, CLAVICLE, AND THORAX (RIBS AND	
7871	STERNUM)	\$0.00
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	\$126.00
7872	OSTEOCLASIS, HUMERUS	\$0.00
	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC	
78725	INTERVENTION	\$48.00
7873	OSTEOCLASIS, RADIUS AND ULNA	\$0.00
78730	URINARY BLADDER RESIDUAL STUDY	\$41.90
7874	OSTEOCLASIS, CARPALS AND METACARPALS	\$0.00
	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING	·
78740	CYSTOGRAM)	\$60.00
7875	OSTEOCLASIS, FÉMUR	\$0.00
7876	OSTEOCLASIS, PATELLA	\$0.00
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	\$72.00
7877	OSTEOCLASIS, TIBIA AND FIBULA	\$0.00
7878	OSTEOCLASIS, TARSALS AND METATARSALS	\$0.00
7879	OSTEOCLASIS, OTHER	\$0.00
	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC	
78799	NUCLEAR MEDICINE	\$0.00
	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE	φοισο
7880	CLASSIFIED, UNSPECIFIED SITE	\$0.00
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	\$72.00
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	\$96.00
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	\$114.00
78803	TUMOR LOCALIZATION (SPECT)	\$138.00
	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR	
	DISTRUBUTION OF RADIOPHARMACEUTICAL AGENT, WHOLE	
78804	BODY	\$124.25
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	\$78.00
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	\$114.00
78807	RADIONUCLIDE LOCALIZATION OF ABSCESS, SPECT	\$170.28
	,	*
	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL	
78808	LOCALIZATION BY NON-IMAGING PROBE STUDY, INTRAVENOUS	\$25.39
	,	, , , , , ,
	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE	
7881	CLASSIFIED, SCAPULA, CLAVICLE & THORAX (RIBS & STERNUM)	\$0.00
	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET);	+0.00
78811	LIMITED AREA, (EG, CHEST, HEAD/NECK)	\$0.01
	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET);	Ŧ 0.0 i
78812	SKULL BASE TO MID THIGH	\$0.01
, , , , , ,	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET);	ψο.σ ι
78813	WHOLE BODY	\$0.01
70010	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT	ψυ.υ ι
	FOR ATTENUATION CORRECTION AND ANATOMICAL	
78814	LOCALIZATION; LI	\$0.01
70014	LOOALIZATION, LI	φυ.υ ι

Procedure Code	Procedure Code Description	Rate
	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR	
	ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION;	
78815	SKULL	\$0.01
	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT	
	FOR ATTENUATION CORRECTION AND ANATOMICAL	
78816	LOCALIZATION; WHO	\$0.01
	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE	•
7882	CLASSIFIED, HUMERUS	\$0.00
	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE	
7883	CLASSIFIED, RADIUS AND ULNA	\$0.00
	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE	+ + + + + + + + + + + + + + + + + + +
7884	CLASSIFIED, CARPALS AND METACARPALS	\$0.00
7001	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE	Ψ0.00
7885	CLASSIFIED, FEMUR	\$0.00
7000	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE	ψ0.00
7886	CLASSIFIED, PATELLA	\$0.00
7000	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE	φυ.υυ
7887	CLASSIFIED, TIBIA AND FIBULA	Φ0.00
/00/	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE	\$0.00
7000		Φ0.00
7888	CLASSIFIED, TARSALS AND METATARSALS	\$0.00
=	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE	
7889	CLASSIFIED, OTHER	\$0.00
=	NICEDIAN OF BONE ODONEN OTHER ATOD UNODESIED OF	
7890	INSERTION OF BONE GROWTH STIMULATOR, UNSPECIFIED SITE	\$0.00
	INSERTION OF BONE GROWTH STIMULATOR, SCAPULA,	
7891	CLAVICLE, AND THORAX(RIBS AND STERNUM)	\$0.00
7892	INSERTION OF BONE GROWTH STIMULATOR, HUMERUS	\$0.00
7893	INSERTION OF BONE GROWTH STIMULATOR, RADIUS AND ULNA	\$0.00
	INSERTION OF BONE GROWTH STIMULATOR, CARPALS AND	
7894	METACARPALS	\$0.00
7895	INSERTION OF BONE GROWTH STIMULATOR, FEMUR	\$0.00
7896	INSERTION OF BONE GROWTH STIMULATOR, PATELLA	\$0.00
7897	INSERTION OF BONE GROWTH STIMULATOR, TIBIA AND FIBULA	\$0.00
	INSERTION OF BONE GROWTH STIMULATOR, TARSALS AND	<u></u>
7898	METATARSALS	\$0.00
7899	INSERTION OF BONE GROWTH STIMULATOR, OTHER	\$0.00
	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC	
78999	NUCLEAR MEDICINE	\$0.00
	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL	•
7900	FIXATION, UNSPECIFIED SITE	\$0.00
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79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$108.15
	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL	ψ.00.10
7901	FIXATION, HUMERUS	\$0.00
7501	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL	ψυ.υυ
7902	FIXATION, RADIUS AND ULNA	00.00
1302	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL	\$0.00
7000		фо oo
7903	FIXATION,CARPALS AND METACARPALS	\$0.00

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7910 UNSPECIFIED SITE \$0.00 RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS 79101 ADMINISTRATION \$126.3 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, HUMERUS \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, RADIUS AND ULNA \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, CARPALS AND METACARPALS \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF HAND \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR \$0.00	32
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79101 ADMINISTRATION \$126.3 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, HUMERUS \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, RADIUS AND ULNA \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, CARPALS AND METACARPALS \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF HAND \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR \$0.00	
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7911 HUMERUS \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, RADIUS AND ULNA \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, CARPALS AND METACARPALS \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF HAND \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, \$0.00)
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7912 RADIUS AND ULNA \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, CARPALS AND METACARPALS \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF HAND \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	
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7913 CARPALS AND METACARPALS \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF HAND \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	
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7914 PHALANGES OF HAND \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	
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7917 TARSALS AND METATARSALS \$0.00	n
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7918 PHALANGES OF FOOT \$0.00 CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	<u> </u>
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7919 OTHER SPECIFIED BONE \$0.00	J
OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL	0
7920 FIXATION, UNSPECIFIED SITE \$0.00	
79200 INTRACAVITARY RADIOACTIVE COLLOID THERAPY \$96.0	U
OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL	^
7921 FIXATION, HUMERUS \$0.00	J
OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL	^
7922 FIXATION, RADIUS AND ULNA \$0.00	J
OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL	_
7923 FIXATION, CARPALS AND METACARPALS \$0.00	<u>J</u>
OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL	_
7924 FIXATION, PHALANGES OF HAND \$0.00	J
OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL	
7925 FIXATION, FEMUR \$0.00)
OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL	
7926 FIXATION, TIBIA AND FIBULA \$0.00	
OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL)
7927 FIXATION, TARSALS AND METATARSALS \$0.00	

Procedure Code	Procedure Code Description	Rate
	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL	
7928	FIXATION, PHALANGES OF FOOT	\$0.00
	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL	*
7929	FIXATION, OTHER SPECIFIED BONE	\$0.00
	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	
7930	UNSPECIFIED SITE	\$0.00
	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	
7931	HUMERUS	\$0.00
	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	40.00
7932	RADIUS AND ULNA	\$0.00
7000	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	40.00
7933	CARPALS AND METACARPALS	\$0.00
7004	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	40.00
7934	PHALANGES OF HAND	\$0.00
7005	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	40.00
7935	FEMUR	\$0.00
7000	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	40.00
7936	TIBIA AND FIBULA	\$0.00
	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	
7937	TARSALS AND METATARSALS	\$0.00
	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	
7938	PHALANGES OF FOOT	\$0.00
	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION,	
7939	OTHER SPECIFIED BONE	\$0.00
	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, UNSPECIFIED	
7940	SITE	\$0.00
	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED	*
79403	MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	\$157.48
7941	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, HUMERUS	\$0.00
	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, RADIUS AND	40.00
7942	ULNA	\$0.00
	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, CARPALS AND	
7943	METACARPALS	\$0.00
	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, PHALANGES	40.00
7944	OF HAND	\$0.00
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	\$96.00
70445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL	4.00.00
79445	PARTICULATE ADMINISTRATION	\$126.32
7945	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, FEMUR	\$0.00
70.40	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, TIBIA AND	40.00
7946	FIBULA	\$0.00
70.47	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, TARSALS AND	40.00
7947	METATARSALS	\$0.00
70.40	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, PHALANGES	40.00
7948	OF FOOT	\$0.00
70.10	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, OTHER	40
7949	SPECIFIED BONE	\$0.00
7050	OPEN REDUCTION OF SEPARATED EPIPHYSIS, UNSPECIFIED	40.00
7950	SITE	\$0.00
7951	OPEN REDUCTION OF SEPARATED EPIPHYSIS, HUMERUS	\$0.00

Procedure Code	Procedure Code Description	Rate
	OPEN REDUCTION OF SEPARATED EPIPHYSIS, RADIUS AND	
7952	ULNA	\$0.00
	OPEN REDUCTION OF SEPARATED EPIPHYSIS, CARPALS AND	
7953	METACARPALS	\$0.00
	OPEN REDUCTION OF SEPARATED EPIPHYSIS, PHALANGES OF	
7954	HAND	\$0.00
7955	OPEN REDUCTION OF SEPARATED EPIPHYSIS, FEMUR	\$0.00
7956	OPEN REDUCTION OF SEPARATED EPIPHYSIS, TIBIA AND FIBULA	\$0.00
	OPEN REDUCTION OF SEPARATED EPIPHYSIS, TARSALS AND	
7957	METATARSALS	\$0.00
	OPEN REDUCTION OF SEPARATED EPIPHYSIS, PHALANGES OF	
7958	FOOT	\$0.00
	OPEN REDUCTION OF SEPARATED EPIPHYSIS, OTHER	
7959	SPECIFIED BONE	\$0.00
7960	DEBRIDEMENT OF OPEN FRACTURE SITE, UNSPECIFIED SITE	\$0.00
7961	DEBRIDEMENT OF OPEN FRACTURE SITE, HUMERUS	\$0.00
7962	DEBRIDEMENT OF OPEN FRACTURE SITE, RADIUS AND ULNA	\$0.00
	DEBRIDEMENT OF OPEN FRACTURE SITE, CARPALS AND	
7963	METACARPALS	\$0.00
7964	DEBRIDEMENT OF OPEN FRACTURE SITE, PHALANGES OF HAND	\$0.00
7965	DEBRIDEMENT OF OPEN FRACTURE SITE, FEMUR	\$0.00
7966	DEBRIDEMENT OF OPEN FRACTURE SITE, TIBIA AND FIBULA	\$0.00
	DEBRIDEMENT OF OPEN FRACTURE SITE, TARSALS AND	
7967	METATARSALS	\$0.00
	DEDDUCENENT OF OBEN EDACTURE OF BUILDING OF FOOT	40.00
7968	DEBRIDEMENT OF OPEN FRACTURE SITE, PHALANGES OF FOOT	\$0.00
7000	DEBRIDEMENT OF OPEN FRACTURE SITE, OTHER SPECIFIED	40.00
7969	BONE BONE	\$0.00
7970	CLOSED REDUCTION OF DISLOCATION OF UNSPECIFIED SITE	\$0.00
7971	CLOSED REDUCTION OF DISLOCATION OF SHOULDER	\$0.00
7972	CLOSED REDUCTION OF DISLOCATION OF ELBOW CLOSED REDUCTION OF DISLOCATION OF WRIST	\$0.00
7973 7974	CLOSED REDUCTION OF DISLOCATION OF WRIST CLOSED REDUCTION OF DISLOCATION OF HAND AND FINGER	\$0.00
	CLOSED REDUCTION OF DISLOCATION OF HAND AND FINGER CLOSED REDUCTION OF DISLOCATION OF HIP	\$0.00
7975 7976	CLOSED REDUCTION OF DISLOCATION OF HIP CLOSED REDUCTION OF DISLOCATION OF KNEE	\$0.00 \$0.00
7977	CLOSED REDUCTION OF DISLOCATION OF KNEE CLOSED REDUCTION OF DISLOCATION OF ANKLE	<u>'</u>
7978	CLOSED REDUCTION OF DISLOCATION OF ANKLE CLOSED REDUCTION OF DISLOCATION OF FOOT AND TOE	\$0.00
7976	CLOSED REDUCTION OF DISLOCATION OF OTHER SPECIFIED	\$0.00
7979	SITES	\$0.00
7979	OPEN REDUCTION OF DISLOCATION OF UNSPECIFIED SITE	\$0.00
7981	OPEN REDUCTION OF DISLOCATION OF SHOULDER	\$0.00
7982	OPEN REDUCTION OF DISLOCATION OF SHOOLDER OPEN REDUCTION OF DISLOCATION OF ELBOW	\$0.00
7983	OPEN REDUCTION OF DISLOCATION OF ELBOW OPEN REDUCTION OF DISLOCATION OF WRIST	\$0.00
7984	OPEN REDUCTION OF DISLOCATION OF WAIST OPEN REDUCTION OF DISLOCATION OF HAND AND FINGER	\$0.00
7985	OPEN REDUCTION OF DISLOCATION OF HAND AND FINGER OPEN REDUCTION OF DISLOCATION OF HIP	\$0.00
7986	OPEN REDUCTION OF DISLOCATION OF KINEE	\$0.00
7987	OPEN REDUCTION OF DISLOCATION OF KNEE OPEN REDUCTION OF DISLOCATION OF ANKLE	\$0.00
7988	OPEN REDUCTION OF DISLOCATION OF ANKLE OPEN REDUCTION OF DISLOCATION OF FOOT AND TOE	\$0.00
7 300	OF LIVING DISLOCATION OF FOOT AND TOE	φυ.υυ

Procedure Code	Procedure Code Description	Rate
	OPEN REDUCTION OF DISLOCATION OF OTHER SPECIFIED	
7989	SITES	\$0.00
7990	UNSPECIFIED OPERATION ON BONE INJURY, UNSPECIFIED SITE	\$0.00
7991	UNSPECIFIED OPERATION ON BONE INJURY, HUMERUS	\$0.00
7992	UNSPECIFIED OPERATION ON BONE INJURY, RADIUS AND ULNA	\$0.00
	UNSPECIFIED OPERATION ON BONE INJURY, CARPALS AND	
7993	METACARPALS	\$0.00
	UNSPECIFIED OPERATION ON BONE INJURY, PHALANGES OF	
7994	HAND	\$0.00
7995	UNSPECIFIED OPERATION ON BONE INJURY, FEMUR	\$0.00
7996	UNSPECIFIED OPERATION ON BONE INJURY, TIBIA AND FIBULA	\$0.00
	UNSPECIFIED OPERATION ON BONE INJURY, TARSALS AND	
7997	METATARSALS	\$0.00
	UNSPECIFIED OPERATION ON BONE INJURY, PHALANGES OF	
7998	FOOT	\$0.00
	UNSPECIFIED OPERATION ON BONE INJURY, OTHER SPECIFIED	
7999	BONE	\$0.00
79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE	\$0.00